

**Cost Report**  
**Midwestern Regional Medical Center**  
**Provider #14-0100**  
**FYE 06/30/2008**

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX  
COST REPORT CERTIFICATION  
AND SETTLEMENT SUMMARY

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PROVIDER NO:  
14-0100

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PERIOD  
FROM 7/ 1/2007  
TO 6/30/2008

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INTERMEDIARY USE ONLY  
--AUDITED --DESK REVIEW  
--INITIAL --REOPENED  
--FINAL 1-MCR CODE  
00 - # OF REOPENINGS

I  
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I

DATE RECEIVED:  
/ /  
INTERMEDIARY NO:

ELECTRONICALLY FILED COST REPORT
DATE: 11/19/2008
TIME 21:15

PART I - CERTIFICATION

MISREPRESENTATION OR FALSIFICATION OF ANY INFORMATION CONTAINED IN THIS COST REPORT MAY BE PUNISHABLE BY CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINE AND/OR IMPRISONMENT UNDER FEDERAL LAW. FURTHERMORE, IF SERVICES IDENTIFIED BY THIS REPORT WERE PROVIDED OR PROCURED THROUGH THE PAYMENT DIRECTLY OR INDIRECTLY OF A KICKBACK OR WHERE OTHERWISE ILLEGAL, CRIMINAL, CIVIL AND ADMINISTRATIVE ACTION, FINES AND/OR IMPRISONMENT MAY RESULT.

CERTIFICATION BY OFFICER OR ADMINISTRATOR OF PROVIDER(S)

I HEREBY CERTIFY THAT I HAVE READ THE ABOVE STATEMENT AND THAT I HAVE EXAMINED THE ACCOMPANYING ELECTRONICALLY FILED OR MANUALLY SUBMITTED COST REPORT AND THE BALANCE SHEET AND STATEMENT OF REVENUE AND EXPENSES PREPARED BY:  
MIDWESTERN REGIONAL MEDICAL CENTER 14-0100  
FOR THE COST REPORTING PERIOD BEGINNING 7/ 1/2007 AND ENDING 6/30/2008 AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, IT IS A TRUE, CORRECT, AND COMPLETE STATEMENT PREPARED FROM THE BOOKS AND RECORDS OF THE PROVIDER IN ACCORDANCE WITH APPLICABLE INSTRUCTIONS, EXCEPT AS NOTED. I FURTHER CERTIFY THAT I AM FAMILIAR WITH THE LAWS AND REGULATIONS REGARDING THE PROVISION OF HEALTH CARE SERVICES, AND THAT THE SERVICES IDENTIFIED IN THIS COST REPORT WERE PROVIDED IN COMPLIANCE WITH SUCH LAWS AND REGULATIONS.

ECR ENCRYPTION INFORMATION  
DATE: 11/19/2008 TIME 21:15

54xr7c59lFA9sEG1lnyjjpc62dPov0  
hhmFK02FA5F06C3a0iQ:h0NwUamv28  
zh1310thTb0wFooh

PI ENCRYPTION INFORMATION  
DATE: 11/19/2008 TIME 21:15

H5Nsg7comGrN1c:Kw9p4GRP:VcZMc0  
wx0xb0cXzmLpMpgwdf2gxR50GZjgCT  
o9RV4rUDjC00o2rs

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

VP FINANCE

TITLE

Nov 20, 2008

DATE

PART II - SETTLEMENT SUMMARY

		TITLE V		TITLE XVIII		TITLE XIX	
		1	A 2	B 3		4	
1	HOSPITAL	0		17,730	-13,116		0
100	TOTAL	0		17,730	-13,116		0

THE ABOVE AMOUNTS REPRESENT "DUE TO" OR "DUE FROM" THE APPLICABLE PROGRAM FOR THE ELEMENT OF THE ABOVE COMPLEX INDICATED

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0050. The time required to complete this information collection is estimated 662 hours per response, including the time to review instructions, search existing resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: Centers for Medicare & Medicaid Services, 7500 Security Boulevard, N2-14-26, Baltimore, MD 21244-1850, and to the Office of the Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

THIS REPORT IS REQUIRED BY LAW (42 USC 1395g; 42 CFR 413.20(b)).  
FAILURE TO REPORT CAN RESULT IN ALL INTERIM PAYMENTS MADE SINCE  
THE BEGINNING OF THE COST REPORT PERIOD BEING DEEMED OVERPAYMENTS  
(42 USC 1395g).

FORM APPROVED  
OMB NO. 0938-0050

WORKSHEET S  
PARTS I & II

HOSPITAL AND HOSPITAL HEALTH	I	PROVIDER NO:	I PERIOD	I INTERMEDIARY USE ONLY	I	DATE RECEIVED:
CARE COMPLEX	I	14-0100	I FROM 7/ 1/2007	I --AUDITED --DESK REVIEW	I	/ /
COST REPORT CERTIFICATION	I		I TO 6/30/2008	I --INITIAL --REOPENED	I	INTERMEDIARY NO:
AND SETTLEMENT SUMMARY	I		I	I --FINAL 1-MCR CODE	I	
				I 00 - # OF REOPENINGS	I	

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DATE: 11/19/2008 TIME 21:15

54xr7c59lFA9sEGl1nyjjpC62dPoV0  
hbmFK02FA5FO6C3aoiQ:hONwUamv28  
zh1310thTb0WfoOh

PI ENCRYPTION INFORMATION  
DATE: 11/19/2008 TIME 21:15

H5Nsg7comGrN1c:Kw9p4GRP:VcZMc0  
wx0xb0cxzmLpMpgwdf2gxR50GZjgCT  
o9RV4rUDjC00o2rs

OFFICER OR ADMINISTRATOR OF PROVIDER(S)

TITLE

DATE

PART II - SETTLEMENT SUMMARY

TITLE V		TITLE XVIII		TITLE XIX
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100	0	17,730	-13,116	0
HOSPITAL TOTAL	0	17,730	-13,116	0

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FORM APPROVED  
OMB NO. 0938-0050

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PARTS I & II

HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX	I	PROVIDER NO:	I	PERIOD	I	INTERMEDIARY USE ONLY	I	DATE RECEIVED:
COST REPORT CERTIFICATION	I	14-0100	I	FROM 7/ 1/2007	I	--AUDITED --DESK REVIEW	I	/ /
AND SETTLEMENT SUMMARY	I		I	TO 6/30/2008	I	--INITIAL --REOPENED	I	INTERMEDIARY NO:
					I	--FINAL 1-MCR CODE	I	
					I	00 - # OF REOPENINGS	I	

ELECTRONICALLY FILED COST REPORT

DATE: 11/19/2008 TIME 21:20

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\_\_\_\_\_  
OFFICER OR ADMINISTRATOR OF PROVIDER(S)\_\_\_\_\_  
TITLE\_\_\_\_\_  
DATE

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TITLE V		TITLE XVIII		TITLE XIX
1	A 2	B 3		4
1	0	17,730	-13,116	0
100	0	17,730	-13,116	0

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HOSPITAL AND HOSPITAL HEALTH CARE COMPLEX ADDRESS

1 STREET: 2501 EMMAUS AVENUE P.O. BOX:  
1 CITY: ZION STATE: IL ZIP CODE: 60099- COUNTY: LAKE

HOSPITAL AND HOSPITAL-BASED COMPONENT IDENTIFICATION:

COMPONENT	COMPONENT NAME	PROVIDER NO.	NPI NUMBER	DATE CERTIFIED	PAYMENT SYSTEM (P,T,O OR N)
02.00 HOSPITAL	MIDWESTERN REGIONAL MEDICAL CENTER	14-0100	2.01	7/ 1/1967	N P O

17 COST REPORTING PERIOD (MM/DD/YYYY) FROM: 7/ 1/2007 TO: 6/30/2008

18 TYPE OF CONTROL

TYPE OF HOSPITAL/SUBPROVIDER

19 HOSPITAL  
20 SUBPROVIDER

OTHER INFORMATION

21 INDICATE IF YOUR HOSPITAL IS EITHER (1)URBAN OR (2)RURAL AT THE END OF THE COST REPORT PERIOD IN COLUMN 1. IF YOUR HOSPITAL IS GEOGRAPHICALLY CLASSIFIED OR LOCATED IN A RURAL AREA, IS YOUR BED SIZE IN ACCORDANCE WITH CFR 42 412.105 LESS THAN OR EQUAL TO 100 BEDS, ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. 1 N

21.01 DOES YOUR FACILITY QUALIFY AND IS CURRENTLY RECEIVING PAYMENT FOR DISPROPORTIONATE SHARE HOSPITAL ADJUSTMENT IN ACCORDANCE WITH 42 CFR 412.106? N

21.02 HAS YOUR FACILITY RECEIVED A NEW GEOGRAPHIC RECLASSIFICATION STATUS CHANGE AFTER THE FIRST DAY OF THE COST REPORTING PERIOD FROM RURAL TO URBAN AND VICE VERSA? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, ENTER IN COLUMN 2 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS). N

21.03 ENTER IN COLUMN 1 YOUR GEOGRAPHIC LOCATION EITHER (1)URBAN OR (2)RURAL. IF YOU ANSWERED URBAN IN COLUMN 1 INDICATE IF YOU RECEIVED EITHER A WAGE OR STANDARD GEOGRAPHICAL RECLASSIFICATION TO A RURAL LOCATION, ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. IF COLUMN 2 IS YES, ENTER IN COLUMN 3 THE EFFECTIVE DATE (MM/DD/YYYY) (SEE INSTRUCTIONS) DOES YOUR FACILITY CONTAIN 100 OR FEWER BEDS IN ACCORDANCE WITH 42 CFR 412.105? ENTER IN COLUMN 4 "Y" OR "N". ENTER IN COLUMN 5 THE PROVIDERS ACTUAL MSA OR CBSA. 1 N N

21.04 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE BEGINNING OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.05 FOR STANDARD GEOGRAPHIC CLASSIFICATION (NOT WAGE), WHAT IS YOUR STATUS AT THE END OF THE COST REPORTING PERIOD. ENTER (1)URBAN OR (2)RURAL 1

21.06 DOES THIS HOSPITAL QUALIFY FOR THE 3-YEAR TRANSITION OF HOLD HARMLESS PAYMENTS FOR SMALL RURAL HOSPITAL UNDER THE PROSPECTIVE PAYMENT SYSTEM FOR HOSPITAL OUTPATIENT SERVICES UNDER DRA SECTION 5105? ENTER "Y" FOR YES, AND "N" FOR NO. N N N

22 ARE YOU CLASSIFIED AS A REFERRAL CENTER? N

23 DOES THIS FACILITY OPERATE A TRANSPLANT CENTER? IF YES, ENTER CERTIFICATION DATE(S) BELOW.

23.01 IF THIS IS A MEDICARE CERTIFIED KIDNEY TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.02 IF THIS IS A MEDICARE CERTIFIED HEART TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.03 IF THIS IS A MEDICARE CERTIFIED LIVER TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.04 IF THIS IS A MEDICARE CERTIFIED LUNG TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.05 IF MEDICARE PANCREAS TRANSPLANTS ARE PERFORMED SEE INSTRUCTIONS FOR ENTERING CERTIFICATION AND TERMINATION DATE. / / / /

23.06 IF THIS IS A MEDICARE CERTIFIED INTESTINAL TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

23.07 IF THIS IS A MEDICARE CERTIFIED ISLET TRANSPLANT CENTER, ENTER THE CERTIFICATION DATE IN COL. 2 AND TERMINATION IN COL. 3. / / / /

24 IF THIS IS AN ORGAN PROCUREMENT ORGANIZATION (OPO), ENTER THE OPO NUMBER IN COLUMN 2 AND TERMINATION IN COL. 3. / /

24.01 IF THIS IS A MEDICARE TRANSPLANT CENTER; ENTER THE CCN (PROVIDER NUMBER) IN COLUMN 2, THE CERTIFICATION DATE OR RECERTIFICATION DATE (AFTER DECEMBER 26, 2007) IN COLUMN 3. / /

25 IS THIS A TEACHING HOSPITAL OR AFFILIATED WITH A TEACHING HOSPITAL AND YOU ARE RECEIVING PAYMENTS FOR I&R? Y

25.01 IS THIS TEACHING PROGRAM APPROVED IN ACCORDANCE WITH CMS PUB. 15-I, CHAPTER 4? Y

25.02 IF LINE 25.01 IS YES, WAS MEDICARE PARTICIPATION AND APPROVED TEACHING PROGRAM STATUS IN EFFECT DURING THE FIRST MONTH OF THE COST REPORTING PERIOD? IF YES, COMPLETE WORKSHEET E-3, PART IV. IF NO, COMPLETE WORKSHEET D-2, PART II. Y

25.03 AS A TEACHING HOSPITAL, DID YOU ELECT COST REIMBURSEMENT FOR PHYSICIANS' SERVICES AS DEFINED IN CMS PUB. 15-I, SECTION 2148? IF YES, COMPLETE WORKSHEET D-9. N

25.04 ARE YOU CLAIMING COSTS ON LINE 70 OF WORKSHEET A? IF YES, COMPLETE WORKSHEET D-2, PART I. N

25.05 HAS YOUR FACILITY DIRECT GME FTE CAP (COLUMN 1) OR IME FTE CAP (COLUMN 2) BEEN REDUCED UNDER 42 CFR 413.79(c)(3) OR 42 CFR 412.105(f)(1)(iv)(B)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS. (SEE INSTRUCTIONS) N N

25.06	HAS YOUR FACILITY RECEIVED ADDITIONAL DIRECT GME FTE RESIDENT CAP SLOTS OR IME FTE RESIDENTS CAP SLOTS UNDER 42 CFR 413.79(c)(4) OR 42 CFR 412.105(f)(1)(iv)(c)? ENTER "Y" FOR YES AND "N" FOR NO IN THE APPLICABLE COLUMNS (SEE INSTRUCTIONS)	N	N
	IF THIS IS A SOLE COMMUNITY HOSPITAL (SCH), ENTER THE NUMBER OF PERIODS SCH STATUS IN EFFECT IN THE C/R PERIOD. ENTER BEGINNING AND ENDING DATES OF SCH STATUS ON LINE 26.01. SUBSCRIPT LINE 26.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.	0	
26.01	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/	/
26.02	ENTER THE APPLICABLE SCH DATES: BEGINNING: / / ENDING: / /	/	/
27	DOES THIS HOSPITAL HAVE AN AGREEMENT UNDER EITHER SECTION 1883 OR SECTION 1913 FOR SWING BEDS. IF YES, ENTER THE AGREEMENT DATE (MM/DD/YYYY) IN COLUMN 2.	N	/ /
28	IF THIS FACILITY CONTAINS A HOSPITAL-BASED SNF, ARE ALL PATIENTS UNDER MANAGED CARE OR THERE WERE NO MEDICARE UTILIZATION ENTER "Y", IF "N" COMPLETE LINES 28.01 AND 28.02		
28.01	IF HOSPITAL BASED SNF, ENTER APPROPRIATE TRANSITION PERIOD 1, 2, 3, OR 100 IN COLUMN 1. ENTER IN COLUMNS 2 AND 3 THE WAGE INDEX ADJUSTMENT FACTOR BEFORE AND ON OR AFTER THE OCTOBER 1ST (SEE INSTRUCTIONS)	1	2 3 4
		0	0.0000 0.0000
28.02	ENTER IN COLUMN 1 THE HOSPITAL BASED SNF FACILITY SPECIFIC RATE(FROM YOUR FISCAL INTERMEDIARY) IF YOU HAVE NOT TRANSITIONED TO 100% PPS SNF PPS PAYMENT. IN COLUMN 2 ENTER THE FACILITY CLASSIFICATION URBAN(1) OR RURAL (2). IN COLUMN 3 ENTER THE SNF MSA CODE OR TWO CHARACTER STATE CODE IF A RURAL BASED FACILITY. IN COLUMN 4, ENTER THE SNF CBSA CODE OR TWO CHARACTER CODE IF RURAL BASED FACILITY	0.00	0
A NOTICE PUBLISHED IN THE "FEDERAL REGISTER" VOL. 68, NO. 149 AUGUST 4, 2003 PROVIDED FOR AN INCREASE IN THE RUG PAYMENTS BEGINNING 10/01/2003. CONGRESS EXPECTED THIS INCREASE TO BE USED FOR DIRECT PATIENT CARE AND RELATED EXPENSES. ENTER IN COLUMN 1 THE PERCENTAGE OF TOTAL EXPENSES FOR EACH CATEGORY TO TOTAL SNF REVENUE FROM WORKSHEET G-2, PART I, LINE 6, COLUMN 3. INDICATE IN COLUMN 2 "Y" FOR YES OR "N" FOR NO IF THE SPENDING REFLECTS INCREASES ASSOCIATED WITH DIRECT PATIENT CARE AND RELATED EXPENSES FOR EACH CATEGORY. (SEE INSTR)			
28.03	STAFFING	%	Y/N
28.04	RECRUITMENT	0.00%	
28.05	RETENTION	0.00%	
28.06	TRAINING	0.00%	
28.07		0.00%	
28.08		0.00%	
28.09		0.00%	
28.10		0.00%	
28.11		0.00%	
28.12		0.00%	
28.13		0.00%	
28.14		0.00%	
28.15		0.00%	
28.16		0.00%	
28.17		0.00%	
28.18		0.00%	
28.19		0.00%	
28.20		0.00%	
29	IS THIS A RURAL HOSPITAL WITH A CERTIFIED SNF WHICH HAS FEWER THAN 50 BEDS IN THE AGGREGATE FOR BOTH COMPONENTS, USING THE SWING BED OPTIONAL METHOD OF REIMBURSEMENT?	N	
30	DOES THIS HOSPITAL QUALIFY AS A RURAL PRIMARY CARE HOSPITAL (RPCH)/CRITICAL ACCESS HOSPITAL(CAH)? (SEE 42 CFR 485.606ff)	N	
30.01	IF SO, IS THIS THE INITIAL 12 MONTH PERIOD FOR THE FACILITY OPERATED AS AN RPCH/CAH? SEE 42 CFR 413.70		
30.02	IF THIS FACILITY QUALIFIES AS AN RPCH/CAH, HAS IT ELECTED THE ALL-INCLUSIVE METHOD OF PAYMENT FOR OUTPATIENT SERVICES? (SEE INSTRUCTIONS)		
30.03	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR AMBULANCE SERVICES? IF YES, ENTER IN COLUMN 2 THE DATE OF ELIGIBILITY DETERMINATION (DATE MUST BE ON OR AFTER 12/21/2000).		
30.04	IF THIS FACILITY QUALIFIES AS A CAH, IS IT ELIBIBLE FOR COST REIMBURSEMENT FOR I&R TRAINING PROGRAMS? ENTER "Y" FOR YES AND "N" FOR NO. IF YES, THE GME ELIMINATION WOULD NOT BE ON WORKSHEET B, PART I, COLUMN 26 AND THE PROGRAM WOULD BE COST REIMBURSED. IF YES COMPLETE WORKSHEET D-2, PART II		
31	IS THIS A RURAL HOSPITAL QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.01	IS THIS A RURAL SUBPROVIDER 1 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.02	IS THIS A RURAL SUBPROVIDER 2 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.03	IS THIS A RURAL SUBPROVIDER 3 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.04	IS THIS A RURAL SUBPROVIDER 4 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
31.05	IS THIS A RURAL SUBPROVIDER 5 QUALIFYING FOR AN EXCEPTION TO THE CRNA FEE SCHEDULE? SEE 42 CFR 412.113(c).	N	
MISCELLANEOUS COST REPORT INFORMATION			
32	IS THIS AN ALL-INCLUSIVE PROVIDER? IF YES, ENTER THE METHOD USED (A, B, OR E ONLY) COL 2.	N	
33	IS THIS A NEW HOSPITAL UNDER 42 CFR 412.300 PPS CAPITAL? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 1. IF YES, FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 2002, DO YOU ELECT TO BE REIMBURSED AT 100% FEDERAL CAPITAL PAYMENT? ENTER "Y" FOR YES AND "N" FOR NO IN COLUMN 2	N	
34	IS THIS A NEW HOSPITAL UNDER 42 CFR 413.40 (f)(1)(i) TEFRA?	N	
35	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
36.01	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
36.02	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
36.03	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
36.04	HAVE YOU ESTABLISHED A NEW SUBPROVIDER (EXCLUDED UNIT) UNDER 42 CFR 413.40(f)(1)(i)?	N	
PROSPECTIVE PAYMENT SYSTEM (PPS)-CAPITAL			
36	DO YOU ELECT FULLY PROSPECTIVE PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)	V	XVIII XIX
		1	2 3
36.01	DOES YOUR FACILITY QUALIFY AND RECEIVE PAYMENT FOR DISPROPORTIONATE SHARE IN ACCORDANCE	N	Y N

37 WITH 42 CFR 412.320? (SEE INSTRUCTIONS)      N      N      N  
DO YOU ELECT HOLD HARMLESS PAYMENT METHODOLOGY FOR CAPITAL COSTS? (SEE INSTRUCTIONS)      N      N      N  
! IF YOU ARE A HOLD HARMLESS PROVIDER, ARE YOU FILING ON THE BASIS OF 100% OF THE FED RATE?      N      N      N

TITLE XIX INPATIENT SERVICES  
38 DO YOU HAVE TITLE XIX INPATIENT HOSPITAL SERVICES?      Y  
38.01 IS THIS HOSPITAL REIMBURSED FOR TITLE XIX THROUGH THE COST REPORT EITHER IN FULL OR IN PART?      N  
38.02 DOES THE TITLE XIX PROGRAM REDUCE CAPITAL FOLLOWING THE MEDICARE METHODOLOGY?      N  
38.03 ARE TITLE XIX NF PATIENTS OCCUPYING TITLE XVIII SNF BEDS (DUAL CERTIFICATION)?      N  
38.04 DO YOU OPERATE AN ICF/MR FACILITY FOR PURPOSES OF TITLE XIX?      N

40 ARE THERE ANY RELATED ORGANIZATION OR HOME OFFICE COSTS AS DEFINED IN CMS PUB 15-I, CHAP 10?  
IF YES, AND THERE ARE HOME OFFICE COSTS, ENTER IN COL 2 THE HOME OFFICE PROVIDER NUMBER.  
IF THIS FACILITY IS PART OF A CHAIN ORGANIZATION ENTER THE NAME AND ADDRESS OF THE HOME OFFICE Y  
40.01 NAME: CTCA      FI/CONTRACTOR NAME      FI/CONTRACTOR #  
40.02 STREET: 1336 BASSWOOD ROAD      P.O. BOX:  
40.03 CITY: SCHAUMBURG      STATE: IL ZIP CODE: 60173-  
41 ARE PROVIDER BASED PHYSICIANS' COSTS INCLUDED IN WORKSHEET A?      Y  
42 ARE PHYSICAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      Y  
42.01 ARE OCCUPATIONAL THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      Y  
42.02 ARE SPEECH PATHOLOGY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      N  
43 ARE RESPIRATORY THERAPY SERVICES PROVIDED BY OUTSIDE SUPPLIERS?      Y  
44 IF YOU ARE CLAIMING COST FOR RENAL SERVICES ON WORKSHEET A, ARE THEY INPATIENT SERVICES ONLY?      Y  
45 HAVE YOU CHANGED YOUR COST ALLOCATION METHODOLOGY FROM THE PREVIOUSLY FILED COST REPORT?      N      00/00/0000  
SEE CMS PUB. 15-II, SECTION 3617. IF YES, ENTER THE APPROVAL DATE IN COLUMN 2.  
45.01 WAS THERE A CHANGE IN THE STATISTICAL BASIS?  
45.02 WAS THERE A CHANGE IN THE ORDER OF ALLOCATION?  
45.03 WAS THE CHANGE TO THE SIMPLIFIED COST FINDING METHOD?  
46 IF YOU ARE PARTICIPATING IN THE NHCMP DEMONSTRATION PROJECT (MUST HAVE A HOSPITAL-BASED SNF)  
DURING THIS COST REPORTING PERIOD, ENTER THE PHASE (SEE INSTRUCTIONS).

IF THIS FACILITY CONTAINS A PROVIDER THAT QUALIFIES FOR AN EXEMPTION FROM THE APPLICATION OF THE LOWER OF COSTS OR CHARGES, ENTER "Y" FOR EACH COMPONENT AND TYPE OF SERVICE THAT QUALIFIES FOR THE EXEMPTION. ENTER "N" IF NOT EXEMPT. (SEE 42 CFR 413.13.)

	PART A	PART B	OUTPATIENT ASC	OUTPATIENT RADIOLOGY	OUTPATIENT DIAGNOSTIC
	1	2	3	4	5
47.00 HOSPITAL	N	N	N	N	N

52 DOES THIS HOSPITAL CLAIM EXPENDITURES FOR EXTRAORDINARY CIRCUMSTANCES IN ACCORDANCE WITH 42 CFR 412.348(e)? (SEE INSTRUCTIONS)      N  
53.01 IF YOU ARE A FULLY PROSPECTIVE OR HOLD HARMLESS PROVIDER ARE YOU ELIGIBLE FOR THE SPECIAL EXCEPTIONS PAYMENT PURSUANT TO 42 CFR 412.348(g)? IF YES, COMPLETE WORKSHEET L, PART IV  
IF YOU ARE A MEDICARE DEPENDENT HOSPITAL (MDH), ENTER THE NUMBER OF PERIODS MDH STATUS IN EFFECT. ENTER BEGINNING AND ENDING DATES OF MDH STATUS ON LINE 53.01. SUBSCRIPT LINE  
53.01 FOR NUMBER OF PERIODS IN EXCESS OF ONE AND ENTER SUBSEQUENT DATES.      0  
MDH PERIOD:      BEGINNING: / /      ENDING: / /

54 LIST AMOUNTS OF MALPRACTICE PREMIUMS AND PAID LOSSES:

PREMIUMS: 0  
PAID LOSSES: 0  
AND/OR SELF INSURANCE: 0

54.01 ARE MALPRACTICE PREMIUMS AND PAID LOSSES REPORTED IN OTHER THAN THE ADMINISTRATIVE AND GENERAL COST CENTER? IF YES, SUBMIT SUPPORTING SCHEDULE LISTING COST CENTERS AND AMOUNTS CONTAINED THEREIN.      N

55 DOES YOUR FACILITY QUALIFY FOR ADDITIONAL PROSPECTIVE PAYMENT IN ACCORDANCE WITH 42 CFR 412.107. ENTER "Y" FOR YES AND "N" FOR NO.      N

	DATE 0	Y OR N 1	LIMIT 2	Y OR N 3	FEES 4
56 ARE YOU CLAIMING AMBULANCE COSTS? IF YES, ENTER IN COLUMN 2 THE PAYMENT LIMIT PROVIDED FROM YOUR FISCAL INTERMEDIARY AND THE APPLICABLE DATES FOR THOSE LIMITS IN COLUMN 0. IF THIS IS THE FIRST YEAR OF OPERATION NO ENTRY IS REQUIRED IN COLUMN 2. IF COLUMN 1 IS Y, ENTER Y OR N IN COLUMN 3 WHETHER THIS IS YOUR FIRST YEAR OF OPERATIONS FOR RENDERING AMBULANCE SERVICES. ENTER IN COLUMN 4, IF APPLICABLE, THE FEE SCHEDULES AMOUNTS FOR THE PERIOD BEGINNING ON OR AFTER 4/1/2002.		N	0.00		0
56.01 ENTER SUBSEQUENT AMBULANCE PAYMENT LIMIT AS REQUIRED. SUBSCRIPT IF MORE THAN 2 LIMITS APPLY. ENTER IN COLUMN 4 THE FEE SCHEDULES AMOUNTS FOR INITIAL OR SUBSEQUENT PERIOD AS APPLICABLE.			0.00		0
56.02 THIRD AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0
56.03 FOURTH AMBULANCE LIMIT AND FEE SCHEDULE IF NECESSARY.			0.00		0

57 ARE YOU CLAIMING NURSING AND ALLIED HEALTH COSTS?      N  
58 ARE YOU AN INPATIENT REHABILITATION FACILITY(IRF), OR DO YOU CONTAIN AN IRF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. THIS OPTION IS ONLY AVAILABLE FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 1/1/2002 AND BEFORE 10/1/2002.      N

58.01 IF LINE 58 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).  
ARE YOU A LONG TERM CARE HOSPITAL (LTCH)? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, HAVE YOU MADE THE ELECTION FOR 100% FEDERAL PPS REIMBURSEMENT? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)      N  
60 ARE YOU AN INPATIENT PSYCHIATRIC FACILITY (IPF), OR DO YOU CONTAIN AN IPF SUBPROVIDER? ENTER IN COLUMN 1 "Y" FOR YES AND "N" FOR NO. IF YES, IS THE IPF OR IPF SUBPROVIDER A NEW FACILITY? ENTER IN COLUMN 2 "Y" FOR YES AND "N" FOR NO. (SEE INSTRUCTIONS)      N

60.01 IF LINE 60 COLUMN 1 IS Y, DOES THE FACILITY HAVE A TEACHING PROGRAM IN THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE NOVEMBER 15, 2004? ENTER "Y" FOR YES OR "N" FOR NO. IS THE FACILITY TRAINING RESIDENTS IN A NEW TEACHING PROGRAM IN ACCORDANCE WITH 42 CFR SEC. 412.424(d)(1)(iii)(2)? ENTER IN COLUMN 2 "Y" FOR YES OR "N" FOR NO. IF COLUMN 2 IS Y, ENTER 1, 2 OR 3 RESPECTIVELY IN COLUMN 3 (SEE INSTRUCTIONS). IF THE CURRENT COST REPORTING PERIOD COVERS THE BEGINNING OF THE FOURTH ENTER 4 IN COLUMN 3, OR IF THE SUBSEQUENT ACADEMIC YEARS OF THE NEW TEACHING PROGRAM IN EXISTENCE, ENTER 5. (SEE INSTR).

MULTICAMPUS

61.00 DOES THE HOSPITAL HAVE A MULTICAMPUS? ENTER "Y" FOR YES AND "N" FOR NO.

IF LINE 61 IS YES, ENTER THE NAME IN COL. 0, COUNTY IN COL. 1, STATE IN COL. 2, ZIP IN COL. 3, CBSA IN COL. 4 AND FTE/CAMPUS IN COL. 5.

NAME	COUNTY	STATE	ZIP CODE	CBSA	FTE/CAMPUS
62.00					0.00
62.01					0.00
62.02					0.00
62.03					0.00
62.04					0.00
62.05					0.00
62.06					0.00
62.07					0.00
62.08					0.00
62.09					0.00



I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
I 14-0100 I FROM 7/ 1/2007 I WORKSHEET S-3  
I I TO 6/30/2008 I PART I

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28 01 EMP DISCOUNT DAYS -IRF

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28      EMPLOYEE DISCOUNT DAYS
28  01 EMP DISCOUNT DAYS -IRF

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28      EMPLOYEE DISCOUNT DAYS
28  01 EMP DISCOUNT DAYS -IRF

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II - WAGE DATA		AMOUNT REPORTED 1	RECLASS OF SALARIES 2	ADJUSTED SALARIES 3	PAID HOURS RELATED TO SALARY 4	AVERAGE HOURLY WAGE 5	DATA SOURCE 6
1	SALARIES						
2	TOTAL SALARY	42,885,302		42,885,302	1,516,966.00	28.27	
3	NON-PHYSICIAN ANESTHETIST PART A						
4	NON-PHYSICIAN ANESTHETIST PART B						
4.01	PHYSICIAN - PART A						
5	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
5.01	PHYSICIAN - PART B						
6	NON-PHYSICIAN - PART B						
6.01	INTERNS & RESIDENTS (APPRVD)		75,503	75,503	4,160.00	18.15	
7	CONTRACT SERVICES, I&R						
8	HOME OFFICE PERSONNEL SNF						
8.01	EXCLUDED AREA SALARIES	2,873,219	476,522	3,349,741	133,675.07	25.06	
9	OTHER WAGES & RELATED COSTS						
9.01	CONTRACT LABOR:	1,564,969		1,564,969	26,537.00	58.97	
9.02	PHARMACY SERVICES UNDER CONTRACT						
9.03	LABORATORY SERVICES UNDER CONTRACT						
10	MANAGEMENT & ADMINISTRATIVE UNDER CONTRACT						
10.01	CONTRACT LABOR: PHYS PART A						
11	TEACHING PHYSICIAN UNDER CONTRACT (SEE INSTRUCTIONS)	40,317,950		40,317,950	385,595.00	104.56	
12	HOME OFFICE SALARIES & WAGE RELATED COSTS						
12.01	HOME OFFICE: PHYS PART A						
13	TEACHING PHYSICIAN SALARIES (SEE INSTRUCTIONS)						
14	WAGE RELATED COSTS						
15	WAGE-RELATED COSTS (CORE)	11,054,946		11,054,946			CMS 339
16	WAGE-RELATED COSTS (OTHER)						CMS 339
17	EXCLUDED AREAS	938,448		938,448			CMS 339
18	NON-PHYS ANESTHETIST PART A						CMS 339
18.01	NON-PHYS ANESTHETIST PART B						CMS 339
19	PHYSICIAN PART A						CMS 339
19.01	PART A TEACHING PHYSICIANS						CMS 339
20	PHYSICIAN PART B						CMS 339
21	WAGE-RELATED COSTS (RHC/FQHC)						CMS 339
22	INTERNS & RESIDENTS (APPRVD)	21,153		21,153			CMS 339
23	OVERHEAD COSTS - DIRECT SALARIES						
24	EMPLOYEE BENEFITS	6,100,236	-5,434,143	666,093	17,887.49	37.24	
25	ADMINISTRATIVE & GENERAL	2,533,706	998,629	3,532,335	78,206.42	45.17	
26	A & G UNDER CONTRACT						
27	MAINTENANCE & REPAIRS						
28	OPERATION OF PLANT	1,119,384	137,164	1,256,548	51,225.84	24.53	
29	LAUNDRY & LINEN SERVICE						
30	HOUSEKEEPING	852,262	104,432	956,694	65,765.64	14.55	
31	HOUSEKEEPING UNDER CONTRACT						
32	DIETARY	1,239,529	-1,080,003	159,526	93,374.07	1.71	
33	DIETARY UNDER CONTRACT						
34	CAFETERIA		1,231,888	1,231,888	3,552.73	346.74	
35	MAINTENANCE OF PERSONNEL						
36	NURSING ADMINISTRATION	1,344,145	164,705	1,508,850	36,207.90	41.67	
37	CENTRAL SERVICE AND SUPPLY	290,011	35,536	325,547	15,563.89	20.92	
38	PHARMACY	1,675,186	205,269	1,880,455	58,229.00	32.29	
39	MEDICAL RECORDS & MEDICAL RECORDS LIBRARY	1,078,926	132,206	1,211,132	58,511.72	20.70	
40	SOCIAL SERVICE	685,041	65,661	750,702	34,435.10	21.80	
41	OTHER GENERAL SERVICE	3,420,021	475,928	3,895,949	142,854.77	27.27	
PART III - HOSPITAL WAGE INDEX SUMMARY							
1	NET SALARIES	42,885,302	-75,503	42,809,799	1,512,806.00	28.30	
2	EXCLUDED AREA SALARIES	2,873,219	476,522	3,349,741	133,675.07	25.06	
3	SUBTOTAL SALARIES	40,012,083	-552,025	39,460,058	1,379,130.93	28.61	
4	SUBTOTAL OTHER WAGES & RELATED COSTS	41,882,919		41,882,919	412,132.00	101.63	
5	SUBTOTAL WAGE-RELATED COSTS	11,054,946		11,054,946		28.02	
6	TOTAL	92,949,948	-552,025	92,397,923	1,791,262.93	51.58	
7	NET SALARIES						
8	EXCLUDED AREA SALARIES						
9	SUBTOTAL SALARIES						
10	SUBTOTAL OTHER WAGES & RELATED COSTS						
11	SUBTOTAL WAGE-RELATED COSTS						
12	TOTAL						
13	TOTAL OVERHEAD COSTS	20,338,447	-2,962,728	17,375,719	655,814.57	26.49	

DESCRIPTION

- UNCOMPENSATED CARE INFORMATION
- 1 DO YOU HAVE A WRITTEN CHARITY CARE POLICY?
- 2 ARE PATIENTS WRITE-OFFS IDENTIFIED AS CHARITY? IF YES ANSWER LINES 2.01 THRU 2.04
  - 2.01 IS IT AT THE TIME OF ADMISSION?
  - 2.02 IS IT AT THE TIME OF FIRST BILLING?
  - 2.03 IS IT AFTER SOME COLLECTION EFFORT HAS BEEN MADE?
  - 2.04
- 3 ARE CHARITY WRITE-OFFS MADE FOR PARTIAL BILLS?
- 4 ARE CHARITY DETERMINATIONS BASED UPON ADMINISTRATIVE JUDGMENT WITHOUT FINANCIAL DATA?
- 5 ARE CHARITY DETERMINATIONS BASED UPON INCOME DATA ONLY?
- 6 ARE CHARITY DETERMINATIONS BASED UPON NET WORTH (ASSETS) DATA?
- 7 ARE CHARITY DETERMINATIONS BASED UPON INCOME AND NET WORTH DATA?
- 8 DOES YOUR ACCOUNTING SYSTEM SEPARATELY IDENTIFY BAD DEBT AND CHARITY CARE? IF YES ANSWER 8.01
  - 8.01 DO YOU SEPARATELY ACCOUNT FOR INPATIENT AND OUTPATIENT SERVICES?
- 9 IS DISCERNING CHARITY FROM BAD DEBT A HIGH PRIORITY IN YOUR INSTITUTION? IF NO ANSWER 9.01 THRU 9.04
  - 9.01 IS IT BECAUSE THERE IS NOT ENOUGH STAFF TO DETERMINE ELIGIBILITY?
  - 9.02 IS IT BECAUSE THERE IS NO FINANCIAL INCENTIVE TO SEPARATE CHARITY FROM BAD DEBT?
  - 9.03 IS IT BECAUSE THERE IS NO CLEAR DIRECTIVE POLICY ON CHARITY DETERMINATION?
  - 9.04 IS IT BECAUSE YOUR INSTITUTION DOES NOT DEEM THE DISTINCTION IMPORTANT?
- 10 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, WHAT IS THE MAXIMUM INCOME THAT CAN BE EARNED BY PATIENTS (SINGLE WITHOUT DEPENDENT) AND STILL DETERMINED TO BE A CHARITY WRITE OFF?
- 11 IF CHARITY DETERMINATIONS ARE MADE BASED UPON INCOME DATA, IS THE INCOME DIRECTLY TIED TO FEDERAL POVERTY LEVEL? IF YES ANSWER 11.01 THRU 11.04
  - 11.01 IS THE PERCENTAGE LEVEL USED LESS THAN 100% OF THE FEDERAL POVERTY LEVEL?
  - 11.02 IS THE PERCENTAGE LEVEL USED BETWEEN 100% AND 150% OF THE FEDERAL POVERTY LEVEL?
  - 11.03 IS THE PERCENTAGE LEVEL USED BETWEEN 150% AND 200% OF THE FEDERAL POVERTY LEVEL?
  - 11.04 IS THE PERCENTAGE LEVEL USED GREATER THAN 200% OF THE FEDERAL POVERTY LEVEL?
- 12 ARE PARTIAL WRITE-OFFS GIVEN TO HIGHER INCOME PATIENTS ON A GRADUAL SCALE?
- 13 IS THERE CHARITY CONSIDERATION GIVEN TO HIGH NET WORTH PATIENTS WHO HAVE CATASTROPHIC OR OTHER EXTRAORDINARY MEDICAL EXPENSES?
- 14 IS YOUR HOSPITAL STATE OR LOCAL GOVERNMENT OWNED? IF YES ANSWER LINES 14.01 AND 14.02
  - 14.01 DO YOU RECEIVE DIRECT FINANCIAL SUPPORT FROM THAT GOVERNMENT ENTITY FOR THE PURPOSE OF PROVIDING COMPENSATED CARE?
  - 14.02 WHAT PERCENTAGE OF THE AMOUNT ON LINE 14.01 IS FROM GOVERNMENT FUNDING?
- 15 DO YOU RECEIVE RESTRICTED GRANTS FOR RENDERING CARE TO CHARITY PATIENTS?
- 16 ARE OTHER NON-RESTRICTED GRANTS USED TO SUBSIDIZE CHARITY CARE?
- UNCOMPENSATED CARE REVENUES
- 17 REVENUE FROM UNCOMPENSATED CARE
  - 17.01 GROSS MEDICAID REVENUES
  - 18 REVENUES FROM STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 19 REVENUE RELATED TO SCHIP (SEE INSTRUCTIONS)
  - 20 RESTRICTED GRANTS
  - 21 NON-RESTRICTED GRANTS
  - 22 TOTAL GROSS UNCOMPENSATED CARE REVENUES
- UNCOMPENSATED CARE COST
- 23 TOTAL CHARGES FOR PATIENTS COVERED BY STATE AND LOCAL INDIGENT CARE PROGRAMS
  - 24 COST TO CHARGE RATIO (WKST C, PART I, COLUMN 3, LINE 103, DIVIDED BY COLUMN 8, LINE 103) .324559
  - 25 TOTAL STATE AND LOCAL INDIGENT CARE PROGRAM COST (LINE 23 \* LINE 24)
  - 26 TOTAL SCHIP CHARGES FROM YOUR RECORDS
  - 27 TOTAL SCHIP COST, (LINE 24 \* LINE 26)
  - 28 TOTAL GROSS MEDICAID CHARGES FROM YOUR RECORDS

Health Financial Systems	MCRIF32	FOR MIDWESTERN REGIONAL MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96 S-10 (05/2004)
		I PROVIDER NO:	I PERIOD:
		I 14-0100	I FROM 7/ 1/2007
		I	I TO 6/30/2008
		I	I

HOSPITAL UNCOMPENSATED CARE DATA

PREPARED 11/19/2008  
WORKSHEET S-10

DESCRIPTION

29 TOTAL GROSS MEDICAID COST (LINE 24 \* LINE 28)  
30 OTHER UNCOMPENSATED CARE CHARGES FROM YOUR RECORDS  
31 UNCOMPENSATED CARE COST (LINE 24 \* LINE 30)  
32 TOTAL UNCOMPENSATED CARE COST TO THE HOSPITAL  
(SUM OF LINES 25, 27, AND 29)

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0100  
II PERIOD:  
I FROM 7/ 1/2007  
I TO 6/30/2008I PREPARED 11/19/2008  
I WORKSHEET A

	COST CENTER	COST CENTER DESCRIPTION	SALARIES 1	OTHER 2	TOTAL 3	RECLASS- IFICATIONS 4	RECLASSIFIED TRIAL BALANCE 5
		GENERAL SERVICE COST CNTR					
1	0100	OLD CAP REL COSTS-BLDG & FIXT					
2	0200	OLD CAP REL COSTS-MVBLE EQUIP					
3	0300	NEW CAP REL COSTS-BLDG & FIXT		5,289,064	5,289,064	3,623,832	8,912,896
4	0400	NEW CAP REL COSTS-MVBLE EQUIP		7,110,387	7,110,387	158,936	7,269,323
5	0500	EMPLOYEE BENEFITS	6,100,236	8,986,038	15,086,274	-5,434,143	9,652,131
6	0600	ADMINISTRATIVE & GENERAL	2,533,706	142,501,495	145,035,201	1,408,294	146,443,495
7	0700	MAINTENANCE & REPAIRS					
8	0800	OPERATION OF PLANT	1,119,384	4,061,540	5,180,924	137,164	5,318,088
9	0900	LAUNDRY & LINEN SERVICE		242,500	242,500		242,500
10	1000	HOUSEKEEPING	852,262	466,215	1,318,477	104,432	1,422,909
11	1100	DIETARY	1,239,529	1,933,482	3,173,011	-2,791,810	381,201
12	1200	CAFETERIA				2,943,695	2,943,695
14	1400	NURSING ADMINISTRATION	1,344,145	747,960	2,092,105	164,705	2,256,810
15	1500	CENTRAL SERVICES & SUPPLY	290,011	395,873	685,884	35,536	721,420
16	1600	PHARMACY	1,675,186	858,071	2,533,257	205,269	2,738,526
17	1700	MEDICAL RECORDS & LIBRARY	1,078,926	469,792	1,548,718	132,206	1,680,924
18	1800	SOCIAL SERVICE	685,041	402,537	1,087,578	58,205	1,145,783
19	1950	OTHER GENERAL SERVICE COST CENTER	3,420,021	1,344,062	4,764,083	475,928	5,240,011
22	2200	I&R SERVICES-SALARY & FRINGES APPRVD				92,842	92,842
		INPAT ROUTINE SRVC CNTRS					
25	2500	ADULTS & PEDIATRICS	4,881,845	1,086,583	5,968,428	598,196	6,566,624
26	2600	INTENSIVE CARE UNIT	1,104,561	527,140	1,631,701	135,347	1,767,048
27	2700	CORONARY CARE UNIT					
28	2800	BURN INTENSIVE CARE UNIT					
29	2900	SURGICAL INTENSIVE CARE UNIT					
33	3300	NURSERY					
		ANCILLARY SRVC COST CNTRS					
37	3700	OPERATING ROOM	1,504,573	718,809	2,223,382	184,363	2,407,745
38	3800	RECOVERY ROOM					
40	4000	ANESTHESIOLOGY					
41	4100	RADIOLOGY-DIAGNOSTIC	1,124,350	999,529	2,123,879	137,772	2,261,651
41.01	4101	CT SCAN	284,941	463,862	748,803	34,915	783,718
41.02	4102	ULTRASOUND	108,748	39,602	148,350	13,325	161,675
41.03	4103	PET SCAN	171,243	555,293	726,536	20,983	747,519
41.04	4104	MAMMOGRAPHY	317,340	124,678	442,018	38,885	480,903
41.05	4105	MRI	145,801	211,959	357,760	17,866	375,626
42	4200	RADIOLOGY-THERAPEUTIC	1,218,481	1,590,323	2,808,804	149,306	2,958,110
	4300	RADIOISOTOPE	317,021	261,689	578,710	38,846	617,556
	4400	LABORATORY	1,611,503	1,593,896	3,205,399	197,465	3,402,864
	4700	BLOOD STORING, PROCESSING & TRANS.	390,598	1,322,111	1,712,709	47,862	1,760,571
49	4900	RESPIRATORY THERAPY	612,812	111,681	724,493	75,091	799,584
50	5000	PHYSICAL THERAPY	421,538	84,653	506,191	51,653	557,844
53	5300	ELECTROCARDIOLOGY	186,407	101,924	288,331	22,841	311,172
54	5400	ELECTROENCEPHALOGRAPHY	56,314	15,406	71,720	6,900	78,620
55	5500	MEDICAL SUPPLIES CHARGED TO PATIENTS	3,317	3,451,142	3,454,459	406	3,454,865
55.01	5501	NUTRITIONAL COUNSELING	321,550	72,785	394,335	39,401	433,736
56	5600	DRUGS CHARGED TO PATIENTS		35,945,154	35,945,154		35,945,154
56.01	5601	ONCOLOGY	3,262,469	1,309,602	4,572,071	399,766	4,971,837
59	3950	REFERENCE LAB					
		OUTPAT SERVICE COST CNTRS					
60.01	6001	PAIN MANAGEMENT	361,105	66,363	427,468	44,248	471,716
61	6100	EMERGENCY	1,267,119	1,124,371	2,391,490	155,266	2,546,756
62	6200	OBSERVATION BEDS (NON-DISTINCT PART)					
		SPEC PURPOSE COST CENTERS					
88	8800	INTEREST EXPENSE		4,740,421	4,740,421	-4,123,662	616,759
90	9000	OTHER CAPITAL RELATED COSTS					
95		SUBTOTALS	40,012,083	231,327,992	271,340,075	-397,868	270,942,207
		NONREIMBURS COST CENTERS					
97.02	9702	NRCC	2,873,219	4,639,334	7,512,553	397,868	7,910,421
101		TOTAL	42,885,302	235,967,326	278,852,628	-0-	278,852,628

RECLASSIFICATION AND ADJUSTMENT OF  
TRIAL BALANCE OF EXPENSESI PROVIDER NO:  
I 14-0100  
II PERIOD:  
I FROM 7/ 1/2007  
I TO 6/30/2008I PREPARED 11/19/2008  
I WORKSHEET A  
I

COST CENTER	COST CENTER DESCRIPTION	ADJUSTMENTS 6	NET EXPENSES FOR ALLOC 7
	GENERAL SERVICE COST CNTR		
1 0100	OLD CAP REL COSTS-BLDG & FIXT		
2 0200	OLD CAP REL COSTS-MVBLE EQUIP		
3 0300	NEW CAP REL COSTS-BLDG & FIXT	-4,392,686	4,520,210
4 0400	NEW CAP REL COSTS-MVBLE EQUIP	192,138	7,461,461
5 0500	EMPLOYEE BENEFITS	-95	9,652,036
6 0600	ADMINISTRATIVE & GENERAL	-116,297,757	30,145,738
7 0700	MAINTENANCE & REPAIRS		
8 0800	OPERATION OF PLANT	-150	5,317,938
9 0900	LAUNDRY & LINEN SERVICE		242,500
10 1000	HOUSEKEEPING	-28,488	1,394,421
11 1100	DIETARY	-1,442	379,759
12 1200	CAFETERIA	-2,162,039	781,656
14 1400	NURSING ADMINISTRATION	-91,702	2,165,108
15 1500	CENTRAL SERVICES & SUPPLY		721,420
16 1600	PHARMACY	-159,653	2,578,873
17 1700	MEDICAL RECORDS & LIBRARY	-6,509	1,674,415
18 1800	SOCIAL SERVICE	-14,433	1,131,350
19 1950	OTHER GENERAL SERVICE COST CENTER	-136,908	5,103,103
22 2200	I&R SERVICES-SALARY & FRINGES APPRVD		92,842
	INPAT ROUTINE SRVC CNTRS		
25 2500	ADULTS & PEDIATRICS	-499	6,566,125
26 2600	INTENSIVE CARE UNIT	-41	1,767,007
27 2700	CORONARY CARE UNIT		
28 2800	BURN INTENSIVE CARE UNIT		
29 2900	SURGICAL INTENSIVE CARE UNIT		
33 3300	NURSERY		
	ANCILLARY SRVC COST CNTRS		
37 3700	OPERATING ROOM	-4,520	2,403,225
38 3800	RECOVERY ROOM		
40 4000	ANESTHESIOLOGY		
41 4100	RADIOLOGY-DIAGNOSTIC	-1,524	2,260,127
41.01 4101	CT SCAN		783,718
41.02 4102	ULTRASOUND		161,675
41.03 4103	PET SCAN		747,519
41.04 4104	MAMMOGRAPHY		480,903
41.05 4105	MRI		375,626
42 4200	RADIOLOGY-THERAPEUTIC	-82	2,958,028
43 4300	RADIOISOTOPE		617,556
4400	LABORATORY	-4,410	3,398,454
4700	BLOOD STORING, PROCESSING & TRANS.	-464	1,760,107
49 4900	RESPIRATORY THERAPY	-261	799,323
50 5000	PHYSICAL THERAPY		557,844
53 5300	ELECTROCARDIOLOGY		311,172
54 5400	ELECTROENCEPHALOGRAPHY		78,620
55 5500	MEDICAL SUPPLIES CHARGED TO PATIENTS		3,454,865
55.01 5501	NUTRITIONAL COUNSELING	-118	433,618
56 5600	DRUGS CHARGED TO PATIENTS		35,945,154
56.01 5601	ONCOLOGY	-923	4,970,914
59 3950	REFERENCE LAB		
	OUTPAT SERVICE COST CNTRS		
60.01 6001	PAIN MANAGEMENT		471,716
61 6100	EMERGENCY	-333,914	2,212,842
62 6200	OBSERVATION BEDS (NON-DISTINCT PART)		
	SPEC PURPOSE COST CENTERS		
88 8800	INTEREST EXPENSE	-616,759	-0-
90 9000	OTHER CAPITAL RELATED COSTS		-0-
95	SUBTOTALS	-124,063,239	146,878,968
	NONREIMBURS COST CENTERS		
97.02 9702	NRCC	-16	7,910,405
101	TOTAL	-124,063,255	154,789,373

## COST CENTERS USED IN COST REPORT

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
 I 14-0100 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	CMS CODE	STANDARD LABEL FOR NON-STANDARD CODES
	GENERAL SERVICE COST		
	OLD CAP REL COSTS-BLDG & FIXT	0100	
2	OLD CAP REL COSTS-MVBLE EQUIP	0200	
3	NEW CAP REL COSTS-BLDG & FIXT	0300	
4	NEW CAP REL COSTS-MVBLE EQUIP	0400	
5	EMPLOYEE BENEFITS	0500	
6	ADMINISTRATIVE & GENERAL	0600	
7	MAINTENANCE & REPAIRS	0700	
8	OPERATION OF PLANT	0800	
9	LAUNDRY & LINEN SERVICE	0900	
10	HOUSEKEEPING	1000	
11	DIETARY	1100	
12	CAFETERIA	1200	
14	NURSING ADMINISTRATION	1400	
15	CENTRAL SERVICES & SUPPLY	1500	
16	PHARMACY	1600	
17	MEDICAL RECORDS & LIBRARY	1700	
18	SOCIAL SERVICE	1800	
19	OTHER GENERAL SERVICE COST CENTER	1950	OTHER GENERAL SERVICE COST CENTERS
22	I&R SERVICES-SALARY & FRINGES APPRVD	2200	
	INPAT ROUTINE SRVC C		
25	ADULTS & PEDIATRICS	2500	
26	INTENSIVE CARE UNIT	2600	
27	CORONARY CARE UNIT	2700	
28	BURN INTENSIVE CARE UNIT	2800	
29	SURGICAL INTENSIVE CARE UNIT	2900	
33	NURSERY	3300	
	ANCILLARY SRVC COST		
37	OPERATING ROOM	3700	
38	RECOVERY ROOM	3800	
40	ANESTHESIOLOGY	4000	
41	RADIOLOGY-DIAGNOSTIC	4100	
41.01	CT SCAN	4101	RADIOLOGY-DIAGNOSTIC
41.02	ULTRASOUND	4102	RADIOLOGY-DIAGNOSTIC
41.03	PET SCAN	4103	RADIOLOGY-DIAGNOSTIC
41.04	MAMMOGRAPHY	4104	RADIOLOGY-DIAGNOSTIC
41.05	MRI	4105	RADIOLOGY-DIAGNOSTIC
42	RADIOLOGY-THERAPEUTIC	4200	
43	RADIOISOTOPE	4300	
	LABORATORY	4400	
	BLOOD STORING, PROCESSING & TRANS.	4700	
	RESPIRATORY THERAPY	4900	
50	PHYSICAL THERAPY	5000	
53	ELECTROCARDIOLOGY	5300	
54	ELECTROENCEPHALOGRAPHY	5400	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS	5500	
55.01	NUTRITIONAL COUNSELING	5501	MEDICAL SUPPLIES CHARGED TO PATIENTS
56	DRUGS CHARGED TO PATIENTS	5600	
56.01	ONCOLOGY	5601	DRUGS CHARGED TO PATIENTS
59	REFERENCE LAB	3950	OTHER ANCILLARY SERVICE COST CENTERS
	OUTPAT SERVICE COST		
60.01	PAIN MANAGEMENT	6001	CLINIC
61	EMERGENCY	6100	
62	OBSERVATION BEDS (NON-DISTINCT PART)	6200	
	SPEC PURPOSE COST CE		
88	INTEREST EXPENSE	8800	
90	OTHER CAPITAL RELATED COSTS	9000	
95	SUBTOTALS	0000	
	NONREIMBURS COST CEN		
97.02	NRCC	9702	RESEARCH
101	TOTAL	0000	

		INCREASE		
CODE		LINE		
(1)	COST CENTER	NO	SALARY	OTHER
1	2	3	4	5
A	CAFETERIA	12	1,231,888	1,711,807
B	I&R SERVICES-SALARY & FRINGES APPRVD	22	67,261	
	I&R SERVICES-SALARY & FRINGES APPRVD	22	8,242	
	I&R SERVICES-SALARY & FRINGES APPRVD	22		17,339
C	EMPLOYEE BENEFITS	5	72,710	
	ADMINISTRATIVE & GENERAL	6	1,180,305	
	OPERATION OF PLANT	8	137,164	
	HOUSEKEEPING	10	104,432	
	DIETARY	11	151,885	
	NURSING ADMINISTRATION	14	164,705	
	CENTRAL SERVICES & SUPPLY	15	35,536	
	PHARMACY	16	205,269	
	MEDICAL RECORDS & LIBRARY	17	132,206	
	SOCIAL SERVICE	18	83,941	
	OTHER GENERAL SERVICE COST CENTER	19	475,928	
	ADULTS & PEDIATRICS	25	598,196	
	INTENSIVE CARE UNIT	26	135,347	
	OPERATING ROOM	37	184,363	
	NRCC	97.02	352,069	
	RADIOLOGY-DIAGNOSTIC	41	137,772	
	CT SCAN	41.01	34,915	
	ULTRASOUND	41.02	13,325	
	PET SCAN	41.03	20,983	
	MAMMOGRAPHY	41.04	38,885	
	MRI	41.05	17,866	
	RADIOLOGY-THERAPEUTIC	42	149,306	
	RADIOISOTOPE	43	38,846	
	LABORATORY	44	197,465	
	BLOOD STORING, PROCESSING & TRANS.	47	47,862	
	RESPIRATORY THERAPY	49	75,091	
	PHYSICAL THERAPY	50	51,653	
	ELECTROCARDIOLOGY	53	22,841	
	ELECTROENCEPHALOGRAPHY	54	6,900	
	MEDICAL SUPPLIES CHARGED TO PATIENTS	55	406	
	NUTRITIONAL COUNSELING	55.01	39,401	
C	ONCOLOGY	56.01	399,766	
	PAIN MANAGEMENT	60.01	44,248	
	EMERGENCY	61	155,266	
D	NRCC	97.02		100,551
E	ADMINISTRATIVE & GENERAL	6	26,203	215,035
F	NEW CAP REL COSTS-MVBLE EQUIP	4		12,339
	ADMINISTRATIVE & GENERAL	6		240,343
	NEW CAP REL COSTS-BLDG & FIXT	3		3,724,383
	NEW CAP REL COSTS-MVBLE EQUIP	4		146,597
G	NRCC	97.02	132,376	
	NRCC	97.02		28,374
H	NRCC	97.02	18,280	7,456
			6,991,103	6,204,224

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
 Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
 See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.



## RECLASSIFICATIONS

PROVIDER NO:  
140100PERIOD:  
FROM 7/ 1/2007  
TO 6/30/2008PREPARED 11/19/2008  
WORKSHEET A-6

CODE		DECREASE		
(1)	COST CENTER	LINE NO	SALARY	OTHER
1	6	7	8	9
A	DIETARY	11	1,231,888	1,711,807
B	ADMINISTRATIVE & GENERAL	6	67,261	
	ADMINISTRATIVE & GENERAL	6	8,242	
	ADMINISTRATIVE & GENERAL	6		17,339
C				
			</	

(1) A letter (A, B, etc) must be entered on each line to identify each reclassification entry.  
Transfer the amounts in columns 4, 5, 8, and 9 to worksheet A, column 4, lines as appropriate.  
See instructions for column 10 referencing to worksheet A-7, Part III, columns 9 through 14.

## RECLASSIFICATIONS

PROVIDER NO:

PERIOD:

PERIOD:  
FROM 7/ 1/2007

PREPARED 11/19/2008

PERIOD: FROM 7/ 1/2007 PREPARED 11/1 WORKSHEET A-6

TO 6/30/2008 | NOT A CMS WORKSHEET

RECLASS CODE: A

EXPLANATION : CAFETERIA EXPENSE RECLASS

----- INCREASE -----	
LINE	AMOUNT
1.00	2,943,695
TOTAL RECLASSIFICATIONS FOR CODE A	
	2,943,695

	DECREASE	
COST CENTER	LINE	AMOUNT
DIETARY	11	2,943,695
		2,943,695

RECLASS CODE: B

RECLASS CODE: B  
EXPLANATION : RECLASS SALARY RELATED EXPENSES

		INCREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	I&R SERVICES-SALARY & FRINGES	22	67,261
2.00	I&R SERVICES-SALARY & FRINGES	22	8,242
3.00	I&R SERVICES-SALARY & FRINGES	22	17,339
TOTAL RECLASSIFICATIONS FOR CODE B			92,842

----- DECREASE -----	
COST CENTER	AMOUNT
ADMINISTRATIVE & GENERAL	67,261
ADMINISTRATIVE & GENERAL	8,242
ADMINISTRATIVE & GENERAL	17,339
	92,842

RECLASS CODE: C

EXPLANATION : TO RECLASS EMPLOYEE BONUS

		INCREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	EMPLOYEE BENEFITS	5	72,710
2.00	ADMINISTRATIVE & GENERAL	6	1,180,305
3.00	OPERATION OF PLANT	8	137,164
4.00	HOUSEKEEPING	10	104,432
5.00	DIETARY	11	151,885
6.00	NURSING ADMINISTRATION	14	164,705
7.00	CENTRAL SERVICES & SUPPLY	15	35,536
8.00	PHARMACY	16	205,269
9.00	MEDICAL RECORDS & LIBRARY	17	132,206
10.00	SOCIAL SERVICE	18	83,941
11.00	OTHER GENERAL SERVICE COST CEN	19	475,928
12.00	ADULTS & PEDIATRICS	25	598,196
13.00	INTENSIVE CARE UNIT	26	135,347
14.00	OPERATING ROOM	37	184,363
15.00	NRCC	97.02	352,069
16.00	RADIOLOGY-DIAGNOSTIC	41	137,772
17.00	CT SCAN	41.01	34,915
18.00	ULTRASOUND	41.02	13,325
19.00	PET SCAN	41.03	20,983
20.00	MAMMOGRAPHY	41.04	38,885
21.00	MRI	41.05	17,866
22.00	RADIOLOGY-THERAPEUTIC	42	149,306
23.00	RADIOISOTOPE	43	38,846
24.00	LABORATORY	44	197,465
25.00	BLOOD STORING, PROCESSING & TR	47	47,862
26.00	RESPIRATORY THERAPY	49	75,091
27.00	PHYSICAL THERAPY	50	51,653
28.00	ELECTROCARDIOLOGY	53	22,841
29.00	ELECTROENCEPHALOGRAPHY	54	6,900
30.00	MEDICAL SUPPLIES CHARGED TO PA	55	406
31.00	NUTRITIONAL COUNSELING	55.01	39,401
32.00	ONCOLOGY	56.01	399,766
33.00	PAIN MANAGEMENT	60.01	44,248
34.00	EMERGENCY	61	155,266
TOTAL RECLASSIFICATIONS FOR CODE C			5,506,853

[illegible]

RECLASS CODE: D

RECLASS CODE: D  
EXPLANATION : TO RECLASS PROPERTY TAXES

----- INCREASE -----			
LINE	COST CENTER	LINE	AMOUNT
1.00			0
2.00	NRCC	97.02	100,551
TOTAL RECLASSIFICATIONS FOR CODE D			100,551

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
NEW CAP REL COSTS-BLDG & FIXT	3	100,551
		0
		100.551

RECLASS CODE: E

RECLASS CODE: E  
EXPLANATION : TO RECLASS TRANSPORTATION

		INCREASE	
LINE	COST CENTER	LINE	AMOUNT
1.00	ADMINISTRATIVE & GENERAL	6	241,238
TOTAL RECLASSIFICATIONS FOR CODE E			241,238

----- DECREASE -----	
COST CENTER	LINE AMOUNT
NRCC	97.02 241,238
	241,238

RECLASS CODE: F

EXPLANATION : TO RECLASS INTEREST EXPENSE

----- INCREASE -----	
LINE	AMOUNT
1.00	12,339
NEW CAP REL COSTS-MVBLE EQUIP	

----- DECREASE -----		
COST CENTER	LINE	AMOUNT
INTEREST EXPENSE	88	252.682

## RECLASSIFICATIONS

PROVIDER NO:	PERIOD:	PREPARED 11/19/2008
140100	FROM 7/ 1/2007	WORKSHEET A-6
	TO 6/30/2008	NOT A CMS WORKSHEET

RECLASS CODE: F

EXPLANATION : TO RECLASS INTEREST EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
2.00	ADMINISTRATIVE & GENERAL	6	240,343	INTEREST EXPENSE	88	3,870,980	
3.00	NEW CAP REL COSTS-BLDG & FIXT	3	3,724,383			0	
4.00	NEW CAP REL COSTS-MVBLE EQUIP	4	146,597			0	
TOTAL RECLASSIFICATIONS FOR CODE F			4,123,662			4,123,662	

RECLASS CODE: G

EXPLANATION : TO RECLASS CARE COORDINATION EXPENSE

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NRCC	97.02	132,376	ADMINISTRATIVE & GENERAL	6	132,376	
2.00	NRCC	97.02	28,374	ADMINISTRATIVE & GENERAL	6	28,374	
TOTAL RECLASSIFICATIONS FOR CODE G			160,750			160,750	

RECLASS CODE: H

EXPLANATION : TO RECLASS GUEST SERVICES COORDINATI

INCREASE				DECREASE			
LINE	COST CENTER	LINE	AMOUNT	COST CENTER	LINE	AMOUNT	
1.00	NRCC	97.02	25,736	SOCIAL SERVICE	18	25,736	
TOTAL RECLASSIFICATIONS FOR CODE H			25,736			25,736	

I - ANALYSIS OF CHANGES IN OLD CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS							
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN							
5	FIXED EQUIPMENT							
6	MOVABLE EQUIPMENT							
7	SUBTOTAL							
8	RECONCILING ITEMS							
9	TOTAL							

PART II - ANALYSIS OF CHANGES IN NEW CAPITAL ASSET BALANCES

DESCRIPTION		BEGINNING BALANCES 1	PURCHASES 2	ACQUISITIONS DONATION 3	TOTAL 4	DISPOSALS AND RETIREMENTS 5	ENDING BALANCE 6	FULLY DEPRECIATED ASSETS 7
1	LAND							
2	LAND IMPROVEMENTS	1,051,327	30,130		30,130		1,081,457	
3	BUILDINGS & FIXTURE							
4	BUILDING IMPROVEMEN	46,548,010	13,130,767		13,130,767	-637,398	60,316,175	
5	FIXED EQUIPMENT	2,827,847	983,534		983,534		3,811,381	
6	MOVABLE EQUIPMENT	5,013,368	414,679		414,679	-586,343	6,014,390	
7	SUBTOTAL	55,440,552	14,559,110		14,559,110	-1,223,741	71,223,403	
8	RECONCILING ITEMS							
9	TOTAL	55,440,552	14,559,110		14,559,110	-1,223,741	71,223,403	

III - RECONCILIATION OF CAPITAL COST CENTERS  
DESCRIPTION

		GROSS ASSETS 1	COMPUTATION OF RATIOS CAPITLIZED GROSS ASSETS LEASES 2	FOR RATIO 3	RATIO 4	INSURANCE 5	TAXES 6	OTHER CAPITAL RELATED COSTS 7	TOTAL 8
*									
1	OLD CAP REL COSTS-BL								
2	OLD CAP REL COSTS-MV								
3	NEW CAP REL COSTS-BL								
4	NEW CAP REL COSTS-MV								
5	TOTAL				1.000000				

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,673,646	-4,459,784	3,597,305		-607,509	1,316,552	4,520,210
4	NEW CAP REL COSTS-MV	5,303,991	-529,284	158,936		1,673,760	854,058	7,461,461
5	TOTAL	9,977,637	-4,989,068	3,756,241		1,066,251	2,170,610	11,981,671

PART IV - RECONCILIATION OF AMOUNTS FROM WORKSHEET A, COLUMN 2, LINES 1 THRU 4

DESCRIPTION

SUMMARY OF OLD AND NEW CAPITAL

		DEPRECIATION 9	LEASE 10	INTEREST 11	INSURANCE 12	TAXES 13	OTHER CAPITAL RELATED COST 14	TOTAL (1) 15
*								
1	OLD CAP REL COSTS-BL							
2	OLD CAP REL COSTS-MV							
3	NEW CAP REL COSTS-BL	4,479,470				-506,958	1,316,552	5,289,064
4	NEW CAP REL COSTS-MV	4,582,569				1,673,760	854,058	7,110,387
5	TOTAL	9,062,039				1,166,802	2,170,610	12,399,451

\* All lines numbers except line 5 are to be consistent with workshseet A line numbers for capital cost centers.  
(1) The amounts on lines 1 thru 4 must equal the corresponding amounts on worksheet A, column 7, lines 1 thru 4.  
Columns 9 through 14 should include related worksheet A-6 reclassifications and worksheet A-8 adjustments. (See instructions).

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:

I PERIOD:

I PREPARED 11/19/2008

I 14-0100

I FROM 7/ 1/2007

I WORKSHEET A-8

I

I TO 6/30/2008

I

DESCRIPTION (1)		(2)	EXPENSE CLASSIFICATION ON		WKST.
		BASIS/CODE	WORKSHEET A TO/FROM WHICH THE		A-7
		1	AMOUNT	AMOUNT IS TO BE ADJUSTED	REF.
			2	COST CENTER	5
				3	
				LINE NO	
				4	
1	INVST INCOME-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1
2	INVESTMENT INCOME-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2
3	INVST INCOME-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
4	INVESTMENT INCOME-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
5	INVESTMENT INCOME-OTHER				
6	TRADE, QUANTITY AND TIME DISCOUNTS				
7	REFUNDS AND REBATES OF EXPENSES				
8	RENTAL OF PROVIDER SPACE BY SUPPLIERS				
9	TELEPHONE SERVICES				
10	TELEVISION AND RADIO SERVICE				
11	PARKING LOT				
12	PROVIDER BASED PHYSICIAN ADJUSTMENT	A-8-2	-333,914		
13	SALE OF SCRAP, WASTE, ETC.				
14	RELATED ORGANIZATION TRANSACTIONS	A-8-1	-109,763,947		
15	LAUNDRY AND LINEN SERVICE				
16	CAFETERIA--EMPLOYEES AND GUESTS				
17	RENTAL OF QTRS TO EMPLOYEE AND OTHERS				
18	SALE OF MED AND SURG SUPPLIES				
19	SALE OF DRUGS TO OTHER THAN PATIENTS				
20	SALE OF MEDICAL RECORDS & ABSTRACTS				
21	NURSG SCHOOL(TUITN,FEES,BOOKS, ETC.)				
22	VENDING MACHINES				
23	INCOME FROM IMPOSITION OF INTEREST				
24	INTRST EXP ON MEDICARE OVERPAYMENTS				
25	ADJUSTMENT FOR RESPIRATORY THERAPY	A-8-3/A-8-4		RESPIRATORY THERAPY	49
26	ADJUSTMENT FOR PHYSICAL THERAPY	A-8-3/A-8-4		PHYSICAL THERAPY	50
27	ADJUSTMENT FOR HHA PHYSICAL THERAPY	A-8-3			
28	UTILIZATION REVIEW-PHYSIAN COMP			**COST CENTER DELETED**	89
29	DEPRECIATION-OLD BLDGS AND FIXTURES			OLD CAP REL COSTS-BLDG &	1
30	DEPRECIATION-OLD MOVABLE EQUIP			OLD CAP REL COSTS-MVBLE E	2
31	DEPRECIATION-NEW BLDGS AND FIXTURES			NEW CAP REL COSTS-BLDG &	3
32	DEPRECIATION-NEW MOVABLE EQUIP			NEW CAP REL COSTS-MVBLE E	4
33	NON-PHYSICIAN ANESTHETIST			**COST CENTER DELETED**	20
34	PHYSICIANS' ASSISTANT				
35	ADJUSTMENT FOR OCCUPATIONAL THERAPY	A-8-4		**COST CENTER DELETED**	51
36	ADJUSTMENT FOR SPEECH PATHOLOGY	A-8-4		**COST CENTER DELETED**	52
	INTEREST REVENUE	B	-127,078	NEW CAP REL COSTS-BLDG &	3
	OTHER REVENUE	B	-3,941,944	ADMINISTRATIVE & GENERAL	6
	OTHER REVENUE	B	-8,653	PHARMACY	16
40	OTHER REVENUE	B	-285	PHARMACY	16
41	OTHER REVENUE	B	-150,268	PHARMACY	16
42	OTHER REVENUE	B	-1,378	DIETARY	11
43	OTHER REVENUE	B	-24	SOCIAL SERVICE	18
44	OTHER REVENUE	B	-6,137	MEDICAL RECORDS & LIBRARY	17
45	OTHER REVENUE	B	-85	EMPLOYEE BENEFITS	5
46	OTHER REVENUE	B	-10	EMPLOYEE BENEFITS	5
47	A&G	A	-25,801	ADMINISTRATIVE & GENERAL	6
48	ONCOLOGY SUPPORT	A	-58,433	OTHER GENERAL SERVICE COS	19
48.01	STATE TAX	A	-311	ADMINISTRATIVE & GENERAL	6
48.02	FREIGHT	A	-133	ADMINISTRATIVE & GENERAL	6
48.03	OFFICE SUPPL	A	-1,895	NURSING ADMINISTRATION	14
48.04	PRINTED FORMS	A	-16,643	NURSING ADMINISTRATION	14
48.05	CONS FEES	A	-56,656	NURSING ADMINISTRATION	14
48.06	TRAVEL	A	-306	NURSING ADMINISTRATION	14
48.07	LODGING	A	-1,545	NURSING ADMINISTRATION	14
48.08	MEALS ON SITE	A	-5,582	NURSING ADMINISTRATION	14
48.09	MEALS	A	-640	NURSING ADMINISTRATION	14
48.10	MEALS	A	-119	NURSING ADMINISTRATION	14
48.11	ALC BEV	A	-8	NURSING ADMINISTRATION	14
48.12	OUTSIDE TRAINING	A	-949	NURSING ADMINISTRATION	14
48.13	EMPL SUPPORT	A	-1,338	NURSING ADMINISTRATION	14
48.14	STATE SALES TAX	A	-34	NURSING ADMINISTRATION	14
48.15	FREIGHT	A	-26	NURSING ADMINISTRATION	14
48.16	POSTAGE	A	-117	NURSING ADMINISTRATION	14
48.17	RENT OFFICE EQUIPM	A	-5,817	NURSING ADMINISTRATION	14
48.18	DEPR EXP MAJOR EQUIPM	A	-188,697	NEW CAP REL COSTS-MVBLE E	4
48.19	DEPR BUILD	A	-116,329	NEW CAP REL COSTS-BLDG &	3
48.20	AMORT CAP LEASES	A	-784,721	NEW CAP REL COSTS-MVBLE E	4
48.21	DEPR EXP	A	-108,863	NEW CAP REL COSTS-MVBLE E	4
48.22					
49	MED REC & LIBRARY	A	552	MEDICAL RECORDS & LIBRARY	17
49.01	A&G	A	-4,083,453	ADMINISTRATIVE & GENERAL	6
49.02	ONCOLOGY SUPPORT	A	-52,383	OTHER GENERAL SERVICE COS	19
49.03	SOC SRVC	A	-290	SOCIAL SERVICE	18
49.04	A&G	A	-10,843	ADMINISTRATIVE & GENERAL	6
49.05	A&G	A	-703,831	ADMINISTRATIVE & GENERAL	6
49.06	A&G	A	-972	ADMINISTRATIVE & GENERAL	6
49.07	A&G	A	-782,347	ADMINISTRATIVE & GENERAL	6
49.08	A&G	A	-71	ADMINISTRATIVE & GENERAL	6
49.09	A&G	A	-69	ADMINISTRATIVE & GENERAL	6
49.10	SOC SRVC	A	-238	SOCIAL SERVICE	18
49.11	A&G	A	-2,291	ADMINISTRATIVE & GENERAL	6
49.12	A&P	A	-21	ADULTS & PEDIATRICS	25
49.13	LAB	A	-7	LABORATORY	44
49.14	LAB	A	-66	LABORATORY	44

## ADJUSTMENTS TO EXPENSES

I PROVIDER NO:  
I 14-0100  
II PERIOD:  
I FROM 7/ 1/2007 I PREPARED 11/19/2008  
I TO 6/30/2008 I WORKSHEET A-8

DESCRIPTION (1)	(2) BASIS/CODE	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED COST CENTER 3	LINE NO 4	WKST. A-7 REF. 5
49.15 RADIOLOGY	A	-10	RADIOLOGY-DIAGNOSTIC	41	
49.16 RADIOLOGY THERAPUTIC	A	-37	RADIOLOGY-THERAPEUTIC	42	
49.17 RADIOLOGY	A	-10	RADIOLOGY-DIAGNOSTIC	41	
49.18 A&G	A	-191	ADMINISTRATIVE & GENERAL	6	
49.19 A&G	A	-33	ADMINISTRATIVE & GENERAL	6	
49.20 A&G	A	-16	ADMINISTRATIVE & GENERAL	6	
49.21 ONCOLOGY SUPPORT	A	-3	OTHER GENERAL SERVICE COS	19	
49.22 ONCOLOGY SUPPORT	A	-26	OTHER GENERAL SERVICE COS	19	
49.23 SOC SRVC	A	-110	SOCIAL SERVICE	18	
49.24 MED REC & LIBRARY	A	-8	MEDICAL RECORDS & LIBRARY	17	
49.25 MED REC & LIBRARY	A	-10	MEDICAL RECORDS & LIBRARY	17	
49.26 OPERATION OF PLANT	A	-150	OPERATION OF PLANT	8	
49.27 A&G	A	-3,458	ADMINISTRATIVE & GENERAL	6	
49.28 A&G	A	-151	ADMINISTRATIVE & GENERAL	6	
49.29 NURS ADMIN	A	-19	NURSING ADMINISTRATION	14	
49.30 NURS ADMIN	A	-8	NURSING ADMINISTRATION	14	
49.31 RAD DIAGNOSTIC	A	-206	RADIOLOGY-DIAGNOSTIC	41	
49.32 PHARMACY	A	-221	PHARMACY	16	
49.33 A&G	A	-109,188	ADMINISTRATIVE & GENERAL	6	
49.34 A&G	A	-7,500	ADMINISTRATIVE & GENERAL	6	
49.35 OPER ROOM	A	-3,530	OPERATING ROOM	37	
49.36 ONCOLOGY	A	-148	ONCOLOGY	56.01	
49.37 RAD THERAPUTIC	A	-45	RADIOLOGY-THERAPEUTIC	42	
49.38 DIETARY	A	-64	DIETARY	11	
49.39 A&P	A	-40	ADULTS & PEDIATRICS	25	
49.40 ONCOLOGY SUPPORT	A	-130	OTHER GENERAL SERVICE COS	19	
49.41 SOC SRVC	A	-585	SOCIAL SERVICE	18	
49.42 SOC SRVC	A	-13,186	SOCIAL SERVICE	18	
49.43 ONCOLOGY SUPPORT	A	-496	OTHER GENERAL SERVICE COS	19	
49.44 HOUSEKEEPING	A	-28,488	HOUSEKEEPING	10	
49.45 A&G	A	-197	ADMINISTRATIVE & GENERAL	6	
49.46 ONCOLOGY SUPPORT	A	-127	OTHER GENERAL SERVICE COS	19	
49.47 A&G	A	-1,386	ADMINISTRATIVE & GENERAL	6	
49.48 A&G	A	-63,793	ADMINISTRATIVE & GENERAL	6	
49.49 CAFETERIA	A	-2,162,039	CAFETERIA	12	
49.50 A&G	A	-250,000	ADMINISTRATIVE & GENERAL	6	
51 TRAVEL	A	-395	ADULTS & PEDIATRICS	25	
52 MEALS	A	-43	ADULTS & PEDIATRICS	25	
53 TRAVEL	A	-41	INTENSIVE CARE UNIT	26	
49.54 LODGING	A	-945	OPERATING ROOM	37	
49.55 MEALS	A	-45	OPERATING ROOM	37	
49.56 TRAVEL	A	-240	ONCOLOGY	56.01	
49.57 LODGING	A	-129	ONCOLOGY	56.01	
49.58 TRAVEL	A	-356	LABORATORY	44	
49.59 LODGING	A	-3,361	LABORATORY	44	
49.60 MEALS	A	-500	LABORATORY	44	
49.61 MEALS	A	-65	LABORATORY	44	
49.62 MEALS	A	-55	LABORATORY	44	
49.63 TRAVEL	A	-464	BLOOD STORING, PROCESSING	47	
49.64 TRAVEL	A	-261	RESPIRATORY THERAPY	49	
49.65 TRAVEL	A	-31	RADIOLOGY-DIAGNOSTIC	41	
49.66 LODGING	A	-297	RADIOLOGY-DIAGNOSTIC	41	
49.67 MEALS	A	-293	RADIOLOGY-DIAGNOSTIC	41	
49.68 TRAVEL	A	-196	RADIOLOGY-DIAGNOSTIC	41	
49.69 LODGING	A	-320	RADIOLOGY-DIAGNOSTIC	41	
49.70 MEALS	A	-161	RADIOLOGY-DIAGNOSTIC	41	
49.71 TRAVEL	A	-166	PHARMACY	16	
49.72 TRAVEL	A	-60	PHARMACY	16	
49.73 LODGING	A	-118	NUTRITIONAL COUNSELING	55.01	
49.74 LODGING	A	-406	ONCOLOGY	56.01	
49.75 MEALS	A	-16	NRCC	97.02	
49.76 COMPUTER SUPPLIES	A	-314	OTHER GENERAL SERVICE COS	19	
49.77 PRINTED FORMS SUPPLIES	A	-1,349	OTHER GENERAL SERVICE COS	19	
49.78 MEALS	A	-68	OTHER GENERAL SERVICE COS	19	
49.79 MEALS	A	-152	OTHER GENERAL SERVICE COS	19	
49.80 CONSULTING FEES	A	-23,427	OTHER GENERAL SERVICE COS	19	
49.81 TRAVEL	A	-66	ADMINISTRATIVE & GENERAL	6	
49.82 TRAVEL	A	-200	MEDICAL RECORDS & LIBRARY	17	
49.83 LODGING	A	-608	MEDICAL RECORDS & LIBRARY	17	
49.84 MEALS	A	-14	MEDICAL RECORDS & LIBRARY	17	
49.85 MEALS	A	-18	MEDICAL RECORDS & LIBRARY	17	
49.86 MEALS	A	-57	MEDICAL RECORDS & LIBRARY	17	
49.87 ALC BEVERAGES	A	-9	MEDICAL RECORDS & LIBRARY	17	
49.88 TRAVEL	A	-347	ADMINISTRATIVE & GENERAL	6	
49.89 PRINTED FORMS	A	-950	ADMINISTRATIVE & GENERAL	6	
49.90 OTHER SERVICES	A	-10	ADMINISTRATIVE & GENERAL	6	
91 LODGING	A	-1,118	ADMINISTRATIVE & GENERAL	6	
92 MEALS	A	-7,425	ADMINISTRATIVE & GENERAL	6	
93 MEALS	A	-4,386	ADMINISTRATIVE & GENERAL	6	
49.94 MEALS	A	-895	ADMINISTRATIVE & GENERAL	6	
49.95 ALC BEVERAGES	A	-143	ADMINISTRATIVE & GENERAL	6	
49.96 OUTSIDE TRAINING	A	-2,049	ADMINISTRATIVE & GENERAL	6	
49.97 MINOR EQUIP	A	2,895	ADMINISTRATIVE & GENERAL	6	
49.98 MINOR HARDW PURCH	A	-19,096	ADMINISTRATIVE & GENERAL	6	
49.99 EMPLOYEE SUPPORT	A	-3,860	ADMINISTRATIVE & GENERAL	6	

DESCRIPTION (1)	(2) BASIS/CODE 1	AMOUNT 2	EXPENSE CLASSIFICATION ON WORKSHEET A TO/FROM WHICH THE AMOUNT IS TO BE ADJUSTED			WKST. A-7 REF. 5
			COST CENTER 3	LINE NO 4		
50 TOTAL (SUM OF LINES 1 THRU 49)		-124,063,255				

- (1) Description - all chapter references in this column pertain to CMS Pub. 15-I.
- (2) Basis for adjustment (see instructions).
- A. Costs - if cost, including applicable overhead, can be determined.
- B. Amount Received - if cost cannot be determined.
- (3) Additional adjustments may be made on lines 37 thru 49 and subscripits thereof.
- Note: See instructions for column 5 referencing to worksheet A-7



A. COSTS INCURRED AND ADJUSTMENTS REQUIRED AS A RESULT OF TRANSACTIONS WITH RELATED ORGANIZATIONS OR THE CLAIMING OF HOME OFFICE COSTS:

LINE NO.	COST CENTER	EXPENSE ITEMS	AMOUNT OF ALLOWABLE COST	AMOUNT	NET* ADJUSTMENTS	WKSHT A-7 COL. REF.
1	2	3	4	5	6	
1	6	ADMINISTRATIVE & GENERAL	MANAGEMENT FEES	31,751,744	-31,751,744	
2	6	ADMINISTRATIVE & GENERAL	TRAVEL	216,913	1,220,000	-1,003,087
3	6	ADMINISTRATIVE & GENERAL	CONSULTING FEES	130,913	790,913	-660,000
4	88	INTEREST EXPENSE	INT. AND FINANCING COST		211,499	-211,499
4.01	88	INTEREST EXPENSE	GURANTEE FEES		76,073	-76,073
4.02	88	INTEREST EXPENSE	INTEREST EXP. - OTHER	252,682	348,307	-95,625
4.03	88	INTEREST EXPENSE	INTEREST EXP. - GCF		233,562	-233,562
4.04	3	NEW CAP REL COSTS-BLDG &	CAP. LEASE - NIMP/ZHP	1,953,463	3,870,980	-1,917,517
4.05	4	NEW CAP REL COSTS-MVBLE E	RENTAL MED EQUIP		529,284	-529,284
4.06	3	NEW CAP REL COSTS-BLDG &	RENTAL BUILDING	13,467	2,555,734	-2,542,267
4.07	3	NEW CAP REL COSTS-BLDG &	RENTAL BUILDING			
4.08	6	ADMINISTRATIVE & GENERAL	SHARED SRVC.		29,163,866	-29,163,866
4.09	6	ADMINISTRATIVE & GENERAL	CTCA/CORP. ALLOCATION		62,452,174	-62,452,174
4.10	3	NEW CAP REL COSTS-BLDG &	COST ALLOCATION PER HO CO	310,505		310,505
4.11	4	NEW CAP REL COSTS-MVBLE E	COST ALLOCATION PER HO CO	1,803,703		1,803,703
4.12	6	ADMINISTRATIVE & GENERAL	COST ALLOCATION PER HO CO	21,102,863		21,102,863
4.13	6	ADMINISTRATIVE & GENERAL	INSURANCE	1,122,251	3,466,571	-2,344,320
5		TOTALS		26,906,760	136,670,707	-109,763,947

\* THE AMOUNTS ON LINES 1-4 AND SUBSCRIPTS AS APPROPRIATE ARE TRANSFERRED IN DETAIL TO WORKSHEET A, COLUMN 6, LINES AS APPROPRIATE. POSITIVE AMOUNTS INCREASE COST AND NEGATIVE AMOUNTS DECREASE COST. FOR RELATED ORGANIZATIONAL OR HOME OFFICE COST WHICH HAS NOT BEEN POSTED TO WORKSHEET A, COLUMNS 1 AND/OR 2, THE AMOUNT ALLOWABLE SHOULD BE IN COLUMN 4 OF THIS PART.

B. INTERRELATIONSHIP TO RELATED ORGANIZATION(S) AND/OR HOME OFFICE:  
THE SECRETARY, BY VIRTUE OF AUTHORITY GRANTED UNDER SECTION 1814(B)(1) OF THE SOCIAL SECURITY ACT, REQUIRES THAT YOU FURNISH THE INFORMATION REQUESTED UNDER PART B OF THIS WORKSHEET.

THIS INFORMATION IS USED BY THE CENTERS FOR MEDICARE & MEDICAID SERVICES AND ITS INTERMEDIARIES IN DETERMINING THAT THE COSTS APPLICABLE TO SERVICES, FACILITIES, AND SUPPLIES FURNISHED BY ORGANIZATIONS RELATED TO YOU BY COMMON OWNERSHIP OR CONTROL REPRESENT REASONABLE COSTS AS DETERMINED UNDER SECTION 1861 OF THE SOCIAL SECURITY ACT. IF YOU DO NOT PROVIDE ALL OR ANY PART OF THE REQUESTED INFORMATION, THE COST REPORT IS CONSIDERED INCOMPLETE AND NOT ACCEPTABLE FOR PURPOSES OF CLAIMING REIMBURSEMENT UNDER TITLE XVIII.

	SYMBOL (1)	NAME	PERCENTAGE OF OWNERSHIP	RELATED ORGANIZATION(S) AND/OR HOME OFFICE NAME	PERCENTAGE OF OWNERSHIP	TYPE OF BUSINESS
	1	2	3	4	5	6
1	A	MIDWESTERN REGI	100.00	NIMP	100.00	PROPERTY
2	A	MIDWESTERN REGI	100.00	CTCA	100.00	MANAGEMENT
3	A	MIDWESTERN REGI	100.00	ICIC	100.00	CONSULTING
4	A	MIDWESTERN REGI	100.00	INTERNATIONAL A	100.00	CORPORATE JET
5	A	MIDWESTERN REGI	100.00	SCL	100.00	SECURES FINANCI
5.01	A	MIDWESTERN REGI	100.00	EXPEDITION PROP	100.00	RENTS BLDG SHAR
5.02	A	MIDWESTERN REGI	100.00	BUCKLEY ROAD PR	100.00	RELATED PARTY
5.03	A	MIDWESTERN REGI	100.00	LAND TRUST	100.00	RENTS PARKING L
5.04	A	MIDWESTERN REGI	100.00	GCF	100.00	SECURES FINANCI
5.05	A	MIDWESTERN REGI	100.00	STELLAR INSURAN	100.00	INSURANCE
5.06	A	MIDWESTERN REGI	100.00	ICMC	100.00	CAPITAL MANAGE

(1) USE THE FOLLOWING SYMBOLS TO INDICATE INTERRELATIONSHIP TO RELATED ORGANIZATIONS:

- INDIVIDUAL HAS FINANCIAL INTEREST (STOCKHOLDER, PARTNER, ETC.) IN BOTH RELATED ORGANIZATION AND IN PROVIDER.
- CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION HAS FINANCIAL INTEREST IN PROVIDER.
- PROVIDER HAS FINANCIAL INTEREST IN CORPORATION, PARTNERSHIP OR OTHER ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER OR RELATIVE OF SUCH PERSON HAS A FINANCIAL INTEREST IN RELATED ORGANIZATION.
- INDIVIDUAL IS DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF PROVIDER AND RELATED ORGANIZATION.
- DIRECTOR, OFFICER, ADMINISTRATOR OR KEY PERSON OF RELATED ORGANIZATION OR RELATIVE OF SUCH PERSON HAS FINANCIAL INTEREST IN PROVIDER.
- OTHER (FINANCIAL OR NON-FINANCIAL) SPECIFY.

## PROVIDER BASED PHYSICIAN ADJUSTMENTS

I PROVIDER NO:	I PERIOD:	I PREPARED 11/19/2008
I 14-0100	I FROM 7/ 1/2007	I WORKSHEET A-8-2
I	I TO 6/30/2008	I GROUP 1

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	TOTAL REMUN- ERATION	PROFES- SIONAL COMPONENT	PROVIDER COMPONENT	RCE AMOUNT	PHYSICIAN/ PROVIDER COMPONENT HOURS	UNADJUSTED RCE LIMIT	5 PERCENT OF UNADJUSTED RCE LIMIT
1	2	3	4	5	6	7	8	9
61	EMERGENCY	943,259	333,914	609,345	177,200	8,760	746,285	37,314
101	TOTAL	943,259	333,914	609,345		8,760	746,285	37,314

WKSHT A LINE NO.	COST CENTER/ PHYSICIAN IDENTIFIER	COST OF MEMBERSHIPS & CONTINUING EDUCATION	PROVIDER COMPONENT SHARE OF COL 12	PHYSICIAN COST OF MALPRACTICE INSURANCE	PROVIDER COMPONENT SHARE OF COL 14	ADJUSTED RCE LIMIT	RCE DIS- ALLOWANCE	ADJUSTMENT
10	11	12	13	14	15	16	17	18
61	EMERGENCY					746,285		333,914
1								
2								
3								
4								
5								
6								
7								
8								
9								
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20								
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22								
23								
24								
25								
26								
27								
28								
29								
30								
101	TOTAL					746,285		333,914

## COST ALLOCATION STATISTICS

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
 I 14-0100 I FROM 7/ 1/2007 I NOT A CMS WORKSHEET  
 I I TO 6/30/2008 I

LINE NO.	COST CENTER DESCRIPTION	STATISTICS CODE	STATISTICS DESCRIPTION	
	GENERAL SERVICE COST			
	OLD CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
	OLD CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
	NEW CAP REL COSTS-BLDG & FIXT	1	SQUARE FEET	ENTERED
	NEW CAP REL COSTS-MVBLE EQUIP	2	DOLLAR VALUE	ENTERED
	EMPLOYEE BENEFITS	3	GROSS SALA RIE	ENTERED
	ADMINISTRATIVE & GENERAL	#	ACCUM. COST	ENTERED
	MAINTENANCE & REPAIRS	1	SQUARE FEET	ENTERED
	OPERATION OF PLANT	1	SQUARE FEET	ENTERED
	LAUNDRY & LINEN SERVICE	6	POUNDS OF LAUNDRY	ENTERED
	HOUSEKEEPING	1	SQUARE FEET	ENTERED
	DIETARY	8	MEALS SERVED	ENTERED
	CAFETERIA	9	HOURS OF S ERVICE	ENTERED
	NURSING ADMINISTRATION	11	HOURS OF SERVICE	ENTERED
	CENTRAL SERVICES & SUPPLY	12	COSTED REQUIS	ENTERED
	PHARMACY	13	COST REQUIS	ENTERED
	MEDICAL RECORDS & LIBRARY	14	GROSS REVE NUE	ENTERED
	SOCIAL SERVICE	14	GROSS REVE NUE	ENTERED
	OTHER GENERAL SERVICE COST CENTER	14	GROSS REVE NUE	ENTERED
	I&R SERVICES-SALARY & FRINGES APPRVD	17	ASSIGNED TIME	ENTERED

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:  
I 14-0100  
II PERIOD:  
I FROM 7/ 1/2007  
I TO 6/30/2008I PREPARED 11/19/2008  
I WORKSHEET B  
I PART I

COST CENTER DESCRIPTION		NET EXPENSES FOR COST ALLOCATION	OLD CAP REL OSTS-BLDG &	OLD CAP REL OSTS-MVBLE E	NEW CAP REL OSTS-BLDG &	NEW CAP REL OSTS-MVBLE E	EMPLOYEE BENE FITS	SUBTOTAL
		0	1	2	3	4	5	5a.00
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &	4,520,210			4,520,210			
005	NEW CAP REL COSTS-MVBLE E	7,461,461				7,461,461		
006	EMPLOYEE BENEFITS	9,652,036			172,790	956	9,825,782	
007	ADMINISTRATIVE & GENERAL	30,145,738			160,365	3,023,921	822,087	34,152,111
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	5,317,938			1,240,877	26,146	292,439	6,877,400
010	LAUNDRY & LINEN SERVICE	242,500						242,500
011	HOUSEKEEPING	1,394,421			82,786	2,321	222,653	1,702,181
012	DIETARY	379,759			29,089	101,308	37,127	547,283
013	CAFETERIA	781,656			3,754		286,700	1,072,110
014	NURSING ADMINISTRATION	2,165,108			384,842	11,944	351,158	2,913,052
015	CENTRAL SERVICES & SUPPLY	721,420			94,727	336,656	75,765	1,228,568
016	PHARMACY	2,578,873			47,666	241,964	437,642	3,306,145
017	MEDICAL RECORDS & LIBRARY	1,674,415			100,419	7,932	281,869	2,064,635
018	SOCIAL SERVICE	1,131,350			23,712		174,712	1,329,774
019	OTHER GENERAL SERVICE COS	5,103,103			83,852	10,769	906,712	6,104,436
020	I&R SERVICES-SALARY & FRI	92,842			1,211		17,572	111,625
021	INPAT ROUTINE SRVC CNTRS							
022	ADULTS & PEDIATRICS	6,566,125			570,591	68,585	1,275,401	8,480,702
023	INTENSIVE CARE UNIT	1,767,007			14,775	85,989	288,566	2,156,337
024	CORONARY CARE UNIT							
025	BURN INTENSIVE CARE UNIT							
026	SURGICAL INTENSIVE CARE U							
027	NURSERY							
028	ANCILLARY SRVC COST CNTRS							
029	OPERATING ROOM	2,403,225			142,611	197,362	393,069	3,136,267
030	RECOVERY ROOM				105,263	68,788		174,051
031	ANESTHESIOLOGY				2,325	29,388		31,713
032	RADIOLOGY-DIAGNOSTIC	2,260,127			121,830	290,033	293,736	2,965,726
033	01 CT SCAN	783,718			16,034	142,904	74,441	1,017,097
034	02 ULTRASOUND	161,675			3,633	31,644	28,411	225,363
035	03 PET SCAN	747,519			20,103	476,425	44,737	1,288,784
036	04 MAMMOGRAPHY	480,903			4,650	24,287	82,905	592,745
037	05 MRI	375,626			18,553	413,661	38,091	845,931
038	RADIOLOGY-THERAPEUTIC	2,958,028			206,724	1,276,055	318,328	4,759,135
039	RADIOISOTOPE	617,556			7,533	75,579	82,822	783,490
040	LABORATORY	3,398,454			173,590	109,135	421,005	4,102,184
041	BLOOD STORING, PROCESSING	1,760,107			7,072	25,097	102,043	1,894,319
042	RESPIRATORY THERAPY	799,323			24,729	47,711	160,097	1,031,860
043	PHYSICAL THERAPY	557,844			37,033	1,589	110,127	706,593
044	ELECTROCARDIOLOGY	311,172			6,200	35,683	48,699	401,754
045	ELECTROENCEPHALOGRAPHY	78,620				12,945	14,712	106,277
046	MEDICAL SUPPLIES CHARGED	3,454,865					867	3,455,732
047	01 NUTRITIONAL COUNSELING	433,618			16,543	340	84,005	534,506
048	02 DRUGS CHARGED TO PATIENTS	35,945,154						35,945,154
049	01 ONCOLOGY	4,970,914			467,411	262,224	852,319	6,552,868
050	REFERENCE LAB							
051	OUTPAT SERVICE COST CNTRS							
052	01 PAIN MANAGEMENT	471,716			5,232	2,551	94,339	573,838
053	EMERGENCY	2,212,842			4,118	529	331,034	2,548,523
054	OBSERVATION BEDS (NON-DIS							
055	SPEC PURPOSE COST CENTERS							
056	SUBTOTALS	146,878,968			4,402,643	7,442,421	9,046,190	145,962,769
057	NONREIMBURS COST CENTERS							
058	02 NRCC	7,910,405			117,567	19,040	779,592	8,826,604
059	CROSS FOOT ADJUSTMENT							
060	NEGATIVE COST CENTER							
061	TOTAL	154,789,373			4,520,210	7,461,461	9,825,782	154,789,373

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO:

I 14-0100

I PERIOD:

I FROM 7/ 1/2007  
I TO 6/30/2008

I PREPARED 11/19/2008

I WORKSHEET B

I PART I

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	34,152,111						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	1,946,978		8,824,378				
010	LAUNDRY & LINEN SERVICE	68,651			311,151			
011	HOUSEKEEPING	481,884		247,961		2,432,026		
012	DIETARY	154,935		87,127		24,707	814,052	
014	CAFETERIA	303,512		11,245		3,189		1,390,056
015	NURSING ADMINISTRATION	824,679		1,152,678		326,866		41,701
016	CENTRAL SERVICES & SUPPLY	347,805		283,726		80,457		17,925
017	PHARMACY	935,963		142,770		40,485		67,063
018	MEDICAL RECORDS & LIBRARY	584,494		300,774		85,291		67,388
019	SOCIAL SERVICE	376,456		71,022	86	20,140		39,659
022	OTHER GENERAL SERVICE COS	1,728,154		251,153	233	71,220		164,527
025	I&R SERVICES-SALARY & FRI	31,601		3,627		1,029		4,791
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS	2,400,870		1,709,028	134,333	484,629	650,714	193,238
028	INTENSIVE CARE UNIT	610,455		44,253	15,974	12,549	29,332	43,435
029	CORONARY CARE UNIT							
033	BURN INTENSIVE CARE UNIT							
037	SURGICAL INTENSIVE CARE U							
038	NURSERY							
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	887,871		427,149	35,450	121,127	8,454	59,374
041	RECOVERY ROOM	49,273		315,283	21,429	89,405		52,474
041	ANESTHESIOLOGY	8,978		6,964		1,975		
041	RADIOLOGY-DIAGNOSTIC	839,591		364,905	45,582	103,476		41,745
041	01 CT SCAN	287,938		48,025		13,619		9,003
041	02 ULTRASOUND	63,800		10,882		3,086		2,647
041	03 PET SCAN	364,852		60,213		17,075		7,192
041	04 MAMMOGRAPHY	167,805		13,929	6	3,950		15,680
041	05 MRI	239,481		55,570		15,758		4,877
047	RADIOLOGY-THERAPEUTIC	1,347,302		619,177	22,283	175,581		57,253
049	RADIOISOTOPE	221,804		22,562		6,398		7,519
050	LABORATORY	1,161,320		519,935		147,439		80,692
053	BLOOD STORING, PROCESSING	536,278		21,183		6,007		16,025
054	RESPIRATORY THERAPY	292,118		74,069		21,004		23,559
055	PHYSICAL THERAPY	200,035		110,922	7,803	31,454		20,437
056	ELECTROCARDIOLOGY	113,736		18,572	875	5,266		5,451
059	ELECTROENCEPHALOGRAPHY	30,087			1,965			2,745
060	MEDICAL SUPPLIES CHARGED	978,311						
061	01 NUTRITIONAL COUNSELING	151,318		49,549		14,051		15,576
062	DRUGS CHARGED TO PATIENTS	10,175,944						
066	01 ONCOLOGY	1,855,104		1,399,986	20,418	396,996	125,552	159,477
067	REFERENCE LAB							
068	OUTPAT SERVICE COST CNTRS							
069	01 PAIN MANAGEMENT	162,452		15,670	85	4,444		14,649
070	EMERGENCY	721,482		12,333	4,629	3,497		
071	OBSERVATION BEDS (NON-DIS							
072	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	31,653,317		8,472,242	311,151	2,332,170	814,052	1,236,102
097	NONREIMBURS COST CENTERS							
101	02 NRCC	2,498,794		352,136		99,856		153,954
102	CROSS FOOT ADJUSTMENT							
103	NEGATIVE COST CENTER							
104	TOTAL	34,152,111		8,824,378	311,151	2,432,026	814,052	1,390,056

COST CENTER DESCRIPTION		NURSING ADMINISTRATION	CENTRAL SERVICES & SUPPLY	PHARMACY	MEDICAL RECORDS & LIBRARY	SOCIAL SERVICE	OTHER SERVICE	GENERAL COS	I&R SERVICES-SALARY & FRI
		14	15	16	17	18	19	22	
001	GENERAL SERVICE COST CNTR								
002	OLD CAP REL COSTS-BLDG &								
003	OLD CAP REL COSTS-MVBLE E								
004	NEW CAP REL COSTS-BLDG &								
005	NEW CAP REL COSTS-MVBLE E								
006	EMPLOYEE BENEFITS								
007	ADMINISTRATIVE & GENERAL								
008	MAINTENANCE & REPAIRS								
009	OPERATION OF PLANT								
010	LAUNDRY & LINEN SERVICE								
011	HOUSEKEEPING								
012	DIETARY								
014	CAFETERIA								
015	NURSING ADMINISTRATION	5,258,976							
016	CENTRAL SERVICES & SUPPLY		1,958,481						
017	PHARMACY			4,492,426					
018	MEDICAL RECORDS & LIBRARY				3,102,582				
019	SOCIAL SERVICE					1,837,137			
022	OTHER GENERAL SERVICE COS						8,319,723		
025	I&R SERVICES-SALARY & FRI								152,673
026	INPAT ROUTINE SRVC CNTRS								
027	ADULTS & PEDIATRICS	2,915,850			86,312	51,106	231,464		
028	INTENSIVE CARE UNIT	655,413			25,166	14,901	67,490		
029	CORONARY CARE UNIT								
033	BURN INTENSIVE CARE UNIT								
037	SURGICAL INTENSIVE CARE U								
038	NURSERY								
040	ANCILLARY SRVC COST CNTRS								
041	OPERATING ROOM	895,914			74,542	44,137	199,902		
041	RECOVERY ROOM	791,799			14,608	8,649	39,174		
041	ANESTHESIOLOGY				32,648	19,331	87,553		
041	RADIOLOGY-DIAGNOSTIC				40,869	24,199	109,599		
041 01	CT SCAN				238,710	141,343	640,156		
041 02	ULTRASOUND				4,352	2,577	11,670		
041 03	PET SCAN				59,555	35,263	159,710		
041 04	MAMMOGRAPHY				1,368	810	3,669		
041 05	MRI				35,294	20,898	94,648		
047	RADIOLOGY-THERAPEUTIC				269,209	159,401	721,946		
049	RADIOISOTOPE				28,125	16,653	75,425		
050	LABORATORY				216,487	128,184	580,560		
053	BLOOD STORING, PROCESSING				25,324	14,994	67,911		
054	RESPIRATORY THERAPY				27,494	16,280	73,733		
055	PHYSICAL THERAPY				8,022	4,750	21,512		
056	ELECTROCARDIOLOGY				23,606	13,977	63,306		
059	ELECTROENCEPHALOGRAPHY				1,984	1,175	5,319		
060	MEDICAL SUPPLIES CHARGED		1,958,481		65,613	38,850	175,957		
061	NUTRITIONAL COUNSELING				2,783	1,648	7,462		
062	DRUGS CHARGED TO PATIENTS			4,492,426	1,672,569	990,413	4,484,817		
095	01 ONCOLOGY				97,076	57,480	260,331		
097	REFERENCE LAB								
101	OUTPAT SERVICE COST CNTRS								
102	PAIN MANAGEMENT				4,496	2,662	12,057		
103	EMERGENCY				46,370	27,456	124,352		152,673
109	OBSERVATION BEDS (NON-DIS								
110	SPEC PURPOSE COST CENTERS								
111	SUBTOTALS	5,258,976	1,958,481	4,492,426	3,102,582	1,837,137	8,319,723		152,673
112	NONREIMBURS COST CENTERS								
113	02 NRCC								
114	CROSS FOOT ADJUSTMENT								
115	NEGATIVE COST CENTER								
116	TOTAL	5,258,976	1,958,481	4,492,426	3,102,582	1,837,137	8,319,723		152,673

## COST ALLOCATION - GENERAL SERVICE COSTS

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
 I 14-0100 I FROM 7/ 1/2007 I WORKSHEET B  
 I TO 6/30/2008 I PART I

COST CENTER DESCRIPTION	SUBTOTAL	I&R COST POST STEP- DOWN ADJ	TOTAL
	25	26	27
GENERAL SERVICE COST CNTR			
001 OLD CAP REL COSTS-BLDG &			
002 OLD CAP REL COSTS-MVBLE E			
003 NEW CAP REL COSTS-BLDG &			
004 NEW CAP REL COSTS-MVBLE E			
005 EMPLOYEE BENEFITS			
006 ADMINISTRATIVE & GENERAL			
007 MAINTENANCE & REPAIRS			
008 OPERATION OF PLANT			
009 LAUNDRY & LINEN SERVICE			
010 HOUSEKEEPING			
011 DIETARY			
012 CAFETERIA			
014 NURSING ADMINISTRATION			
015 CENTRAL SERVICES & SUPPLY			
016 PHARMACY			
017 MEDICAL RECORDS & LIBRARY			
018 SOCIAL SERVICE			
019 OTHER GENERAL SERVICE COS			
022 I&R SERVICES-SALARY & FRI			
INPAT ROUTINE SRVC CNTRS			
025 ADULTS & PEDIATRICS	17,338,246		17,338,246
026 INTENSIVE CARE UNIT	3,675,305		3,675,305
027 CORONARY CARE UNIT			
028 BURN INTENSIVE CARE UNIT			
029 SURGICAL INTENSIVE CARE U			
033 NURSERY			
ANCILLARY SRVC COST CNTRS			
037 OPERATING ROOM	5,890,187		5,890,187
038 RECOVERY ROOM	1,556,145		1,556,145
040 ANESTHESIOLOGY	189,162		189,162
041 RADIOLOGY-DIAGNOSTIC	4,535,692		4,535,692
041 01 CT SCAN	2,395,891		2,395,891
041 02 ULTRASOUND	324,377		324,377
041 03 PET SCAN	1,992,644		1,992,644
041 04 MAMMOGRAPHY	799,962		799,962
041 05 MRI	1,312,457		1,312,457
RADIOLOGY-THERAPEUTIC	8,131,287		8,131,287
RADIOISOTOPE	1,161,976		1,161,976
LABORATORY	6,936,801		6,936,801
047 BLOOD STORING, PROCESSING	2,582,041		2,582,041
049 RESPIRATORY THERAPY	1,560,117		1,560,117
050 PHYSICAL THERAPY	1,111,528		1,111,528
053 ELECTROCARDIOLOGY	646,543		646,543
054 ELECTROENCEPHALOGRAPHY	149,552		149,552
055 MEDICAL SUPPLIES CHARGED	6,672,944		6,672,944
055 01 NUTRITIONAL COUNSELING	776,893		776,893
056 DRUGS CHARGED TO PATIENTS	57,761,323		57,761,323
056 01 ONCOLOGY	10,925,288		10,925,288
059 REFERENCE LAB			
OUTPAT SERVICE COST CNTRS			
060 01 PAIN MANAGEMENT	790,353		790,353
061 EMERGENCY	3,641,315	-152,673	3,488,642
062 OBSERVATION BEDS (NON-DIS			
SPEC PURPOSE COST CENTERS			
095 SUBTOTALS	142,858,029	-152,673	142,705,356
NONREIMBURS COST CENTERS			
097 02 NRCC	11,931,344		11,931,344
101 CROSS FOOT ADJUSTMENT			
102 NEGATIVE COST CENTER			
103 TOTAL	154,789,373	-152,673	154,636,700



	COST CENTER DESCRIPTION	DIR ASSIGNED NEW CAPITAL REL COSTS 0	OLD CAP REL OSTS-BLDG & 1	OLD CAP REL OSTS-MVBLE E 2	NEW CAP REL OSTS-BLDG & 3	NEW CAP REL OSTS-MVBLE E 4	SUBTOTAL 4a	EMPLOYEE BENE FITS 5
	GENERAL SERVICE COST CNTR							
001	OLD CAP REL COSTS-BLDG &							
002	OLD CAP REL COSTS-MVBLE E							
003	NEW CAP REL COSTS-BLDG &							
004	NEW CAP REL COSTS-MVBLE E							
005	EMPLOYEE BENEFITS				172,790	956	173,746	173,746
006	ADMINISTRATIVE & GENERAL				160,365	3,023,921	3,184,286	14,536
007	MAINTENANCE & REPAIRS							
008	OPERATION OF PLANT				1,240,877	26,146	1,267,023	5,171
009	LAUNDRY & LINEN SERVICE							
010	HOUSEKEEPING				82,786	2,321	85,107	3,937
011	DIETARY				29,089	101,308	130,397	656
012	CAFETERIA				3,754		3,754	5,069
014	NURSING ADMINISTRATION				384,842	11,944	396,786	6,209
015	CENTRAL SERVICES & SUPPLY				94,727	336,656	431,383	1,340
016	PHARMACY				47,666	241,964	289,630	7,738
017	MEDICAL RECORDS & LIBRARY				100,419	7,932	108,351	4,984
018	SOCIAL SERVICE				23,712		23,712	3,089
019	OTHER GENERAL SERVICE COS				83,852	10,769	94,621	16,032
022	I&R SERVICES-SALARY & FRI				1,211		1,211	311
	INPAT ROUTINE SRVC CNTRS							
025	ADULTS & PEDIATRICS				570,591	68,585	639,176	22,566
026	INTENSIVE CARE UNIT				14,775	85,989	100,764	5,102
027	CORONARY CARE UNIT							
028	BURN INTENSIVE CARE UNIT							
029	SURGICAL INTENSIVE CARE U							
033	NURSERY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM				142,611	197,362	339,973	6,950
038	RECOVERY ROOM				105,263	68,788	174,051	
040	ANESTHESIOLOGY				2,325	29,388	31,713	
041	RADIOLOGY-DIAGNOSTIC				121,830	290,033	411,863	5,194
041 01	CT SCAN				16,034	142,904	158,938	1,316
041 02	ULTRASOUND				3,633	31,644	35,277	502
041 03	PET SCAN				20,103	476,425	496,528	791
041 04	MAMMOGRAPHY				4,650	24,287	28,937	1,466
041 05	MRI				18,553	413,661	432,214	673
	RADIOLOGY-THERAPEUTIC				206,724	1,276,055	1,482,779	5,628
	RADIOISOTOPE				7,533	75,579	83,112	1,464
	LABORATORY				173,590	109,135	282,725	7,444
047	BLOOD STORING, PROCESSING				7,072	25,097	32,169	1,804
049	RESPIRATORY THERAPY				24,729	47,711	72,440	2,831
050	PHYSICAL THERAPY				37,033	1,589	38,622	1,947
053	ELECTROCARDIOLOGY				6,200	35,683	41,883	861
054	ELECTROENCEPHALOGRAPHY					12,945	12,945	260
055	MEDICAL SUPPLIES CHARGED							15
055 01	NUTRITIONAL COUNSELING				16,543	340	16,883	1,485
056	DRUGS CHARGED TO PATIENTS							
056 01	ONCOLOGY				467,411	262,224	729,635	15,070
059	REFERENCE LAB							
	OUTPAT SERVICE COST CNTRS							
060 01	PAIN MANAGEMENT				5,232	2,551	7,783	1,668
061	EMERGENCY				4,118	529	4,647	5,853
062	OBSERVATION BEDS (NON-DIS SPEC PURPOSE COST CENTERS							
095	SUBTOTALS				4,402,643	7,442,421	11,845,064	159,962
	NONREIMBURS COST CENTERS							
097 02	NRCC				117,567	19,040	136,607	13,784
101	CROSS FOOT ADJUSTMENTS							
102	NEGATIVE COST CENTER							
103	TOTAL				4,520,210	7,461,461	11,981,671	173,746

COST CENTER DESCRIPTION		ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	3,198,822						
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT	182,361		1,454,555				
010	LAUNDRY & LINEN SERVICE	6,430			6,430			
011	HOUSEKEEPING	45,135		40,872		175,051		
012	DIETARY	14,512		14,362		1,778	161,705	
014	CAFETERIA	28,428		1,853		230		39,334
015	NURSING ADMINISTRATION	77,242		190,000		23,527		1,180
016	CENTRAL SERVICES & SUPPLY	32,577		46,768		5,791		507
017	PHARMACY	87,666		23,533		2,914		1,898
018	MEDICAL RECORDS & LIBRARY	54,746		49,578		6,139		1,907
019	SOCIAL SERVICE	35,260		11,707	2	1,450		1,122
022	OTHER GENERAL SERVICE COS	161,865		41,398	5	5,126		4,656
025	I&R SERVICES-SALARY & FRI	2,960		598		74		136
026	INPAT ROUTINE SRVC CNTRS							
027	ADULTS & PEDIATRICS	224,874		281,705	2,775	34,884	129,259	5,467
028	INTENSIVE CARE UNIT	57,177		7,294	330	903	5,827	1,229
029	CORONARY CARE UNIT							
033	BURN INTENSIVE CARE UNIT							
037	SURGICAL INTENSIVE CARE U							
038	NURSERY							
040	ANCILLARY SRVC COST CNTRS							
041	OPERATING ROOM	83,161		70,409	733	8,718	1,679	1,680
041	RECOVERY ROOM	4,615		51,969	443	6,435		1,485
041	ANESTHESIOLOGY	841		1,148		142		
041	RADIOLOGY-DIAGNOSTIC	78,639		60,149	942	7,448		1,181
041	01 CT SCAN	26,969		7,916		980		255
041	02 ULTRASOUND	5,976		1,794		222		75
041	03 PET SCAN	34,173		9,925		1,229		204
041	04 MAMMOGRAPHY	15,717		2,296		284		444
041	05 MRI	22,431		9,160		1,134		138
047	RADIOLOGY-THERAPEUTIC	126,193		102,061	460	12,638		1,620
049	RADIOISOTOPE	20,775		3,719		461		213
050	LABORATORY	108,774		85,703		10,612		2,283
053	BLOOD STORING, PROCESSING	50,230		3,492		432		453
054	RESPIRATORY THERAPY	27,361		12,209		1,512		667
055	PHYSICAL THERAPY	18,736		18,284	161	2,264		578
055	ELECTROCARDIOLOGY	10,653		3,061	18	379		154
055	ELECTROENCEPHALOGRAPHY	2,818			41			78
055	MEDICAL SUPPLIES CHARGED	91,632						
056	01 NUTRITIONAL COUNSELING	14,173		8,167		1,011		441
056	DRUGS CHARGED TO PATIENTS	953,127						
056	01 ONCOLOGY	173,756		230,765	422	28,575	24,940	4,513
059	REFERENCE LAB							
060	OUTPAT SERVICE COST CNTRS							
061	01 PAIN MANAGEMENT	15,216		2,583	2	320		414
062	EMERGENCY	67,577		2,033	96	252		
095	OBSERVATION BEDS (NON-DIS							
097	SPEC PURPOSE COST CENTERS							
101	SUBTOTALS	2,964,776		1,396,511	6,430	167,864	161,705	34,978
102	NONREIMBURS COST CENTERS							
103	02 NRCC	234,046		58,044		7,187		4,356
103	CROSS FOOT ADJUSTMENTS							
103	NEGATIVE COST CENTER							
103	TOTAL	3,198,822		1,454,555	6,430	175,051	161,705	39,334

COST CENTER DESCRIPTION		NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	OTHER GENERAL SERVICE COS	I&R SERVICES- SALARY & FRI
		14	15	16	17	18	19	22
001	GENERAL SERVICE COST CNTR							
002	OLD CAP REL COSTS-BLDG &							
003	OLD CAP REL COSTS-MVBLE E							
004	NEW CAP REL COSTS-BLDG &							
005	NEW CAP REL COSTS-MVBLE E							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL							
008	MAINTENANCE & REPAIRS							
009	OPERATION OF PLANT							
010	LAUNDRY & LINEN SERVICE							
011	HOUSEKEEPING							
012	DIETARY							
012	CAFETERIA							
014	NURSING ADMINISTRATION	694,944						
015	CENTRAL SERVICES & SUPPLY		518,366					
016	PHARMACY			413,379				
017	MEDICAL RECORDS & LIBRARY				225,705			
018	SOCIAL SERVICE					76,342		
019	OTHER GENERAL SERVICE COS						323,703	
022	I&R SERVICES-SALARY & FRI							5,290
025	INPAT ROUTINE SRVC CNTRS							
026	ADULTS & PEDIATRICS	385,313			6,281	2,127	9,002	
027	INTENSIVE CARE UNIT	86,609			1,831	620	2,625	
028	CORONARY CARE UNIT							
029	BURN INTENSIVE CARE UNIT							
033	SURGICAL INTENSIVE CARE U							
	NURSERY							
	ANCILLARY SRVC COST CNTRS							
037	OPERATING ROOM	118,390			5,424	1,837	7,775	
038	RECOVERY ROOM	104,632			1,063	360	1,524	
040	ANESTHESIOLOGY				2,376	804	3,405	
041	RADIOLOGY-DIAGNOSTIC				2,974	1,007	4,263	
041 01	CT SCAN				17,371	5,882	24,898	
041 02	ULTRASOUND				317	107	454	
041 03	PET SCAN				4,334	1,467	6,212	
041 04	MAMMOGRAPHY				100	34	143	
041 05	MRI				2,568	870	3,681	
	RADIOLOGY-THERAPEUTIC				19,590	6,633	28,079	
	RADIOISOTOPE				2,047	693	2,934	
	LABORATORY				15,754	5,334	22,580	
047	BLOOD STORING, PROCESSING				1,843	624	2,641	
049	RESPIRATORY THERAPY				2,001	677	2,868	
050	PHYSICAL THERAPY				584	198	837	
053	ELECTROCARDIOLOGY				1,718	582	2,462	
054	ELECTROENCEPHALOGRAPHY				144	49	207	
055	MEDICAL SUPPLIES CHARGED		518,366		4,775	1,617	6,844	
055 01	NUTRITIONAL COUNSELING				202	69	290	
056	DRUGS CHARGED TO PATIENTS			413,379	121,643	41,105	174,549	
056 01	ONCOLOGY				7,064	2,392	10,125	
059	REFERENCE LAB							
	OUTPAT SERVICE COST CNTRS							
060 01	PAIN MANAGEMENT				327	111	469	
061	EMERGENCY				3,374	1,143	4,836	
062	OBSERVATION BEDS (NON-DIS							
	SPEC PURPOSE COST CENTERS							
095	SUBTOTALS	694,944	518,366	413,379	225,705	76,342	323,703	
	NONREIMBURS COST CENTERS							
097 02	NRCC							
101	CROSS FOOT ADJUSTMENTS							5,290
102	NEGATIVE COST CENTER							
103	TOTAL	694,944	518,366	413,379	225,705	76,342	323,703	5,290

	COST CENTER DESCRIPTION	SUBTOTAL	POST STEPDOWN ADJUSTMENT	TOTAL
		25	26	27
	GENERAL SERVICE COST CNTR			
001	OLD CAP REL COSTS-BLDG &			
002	OLD CAP REL COSTS-MVBLE E			
003	NEW CAP REL COSTS-BLDG &			
004	NEW CAP REL COSTS-MVBLE E			
005	EMPLOYEE BENEFITS			
006	ADMINISTRATIVE & GENERAL			
007	MAINTENANCE & REPAIRS			
008	OPERATION OF PLANT			
009	LAUNDRY & LINEN SERVICE			
010	HOUSEKEEPING			
011	DIETARY			
012	CAFETERIA			
014	NURSING ADMINISTRATION			
015	CENTRAL SERVICES & SUPPLY			
016	PHARMACY			
017	MEDICAL RECORDS & LIBRARY			
018	SOCIAL SERVICE			
019	OTHER GENERAL SERVICE COS			
022	I&R SERVICES-SALARY & FRI			
	INPAT ROUTINE SRVC CNTRS			
025	ADULTS & PEDIATRICS	1,743,429		1,743,429
026	INTENSIVE CARE UNIT	270,311		270,311
027	CORONARY CARE UNIT			
028	BURN INTENSIVE CARE UNIT			
029	SURGICAL INTENSIVE CARE U			
033	NURSERY			
	ANCILLARY SRVC COST CNTRS			
037	OPERATING ROOM	646,729		646,729
038	RECOVERY ROOM	346,577		346,577
040	ANESTHESIOLOGY	40,429		40,429
041	RADIOLOGY-DIAGNOSTIC	573,660		573,660
041 01	CT SCAN	244,525		244,525
041 02	ULTRASOUND	44,724		44,724
041 03	PET SCAN	554,863		554,863
041 04	MAMMOGRAPHY	49,421		49,421
041 05	MRI	472,869		472,869
	RADIOLOGY-THERAPEUTIC	1,785,681		1,785,681
	RADIOISOTOPE	115,418		115,418
	LABORATORY	541,209		541,209
047	BLOOD STORING, PROCESSING	93,688		93,688
049	RESPIRATORY THERAPY	122,566		122,566
050	PHYSICAL THERAPY	82,211		82,211
053	ELECTROCARDIOLOGY	61,771		61,771
054	ELECTROENCEPHALOGRAPHY	16,542		16,542
055	MEDICAL SUPPLIES CHARGED	623,249		623,249
055 01	NUTRITIONAL COUNSELING	42,721		42,721
056	DRUGS CHARGED TO PATIENTS	1,703,803		1,703,803
056 01	ONCOLOGY	1,227,257		1,227,257
059	REFERENCE LAB			
	OUTPAT SERVICE COST CNTRS			
060 01	PAIN MANAGEMENT	28,893		28,893
061	EMERGENCY	89,811		89,811
062	OBSERVATION BEDS (NON-DIS			
	SPEC PURPOSE COST CENTERS			
095	SUBTOTALS	11,522,357		11,522,357
	NONREIMBURS COST CENTERS			
097 02	NRCC	454,024		454,024
101	CROSS FOOT ADJUSTMENTS	5,290		5,290
102	NEGATIVE COST CENTER			
103	TOTAL	11,981,671		11,981,671

## COST ALLOCATION - STATISTICAL BASIS

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
 I 14-0100 I FROM 7/ 1/2007 I WORKSHEET B-1  
 I TO 6/30/2008 I

COST CENTER DESCRIPTION	OLD CAP REL C	OLD CAP REL C	NEW CAP REL C	NEW CAP REL C	EMPLOYEE BENE	RECONCIL- IATION
	OSTS-BLDG & (SQUARE FEET	OSTS-MVBLE E (DOLLAR )VALUE	OSTS-BLDG & (SQUARE )FEET	OSTS-MVBLE E (DOLLAR )VALUE	(GROSS )SALA RIE	
	1	2	3	4	5	6a.00
001 GENERAL SERVICE COST						
002 OLD CAP REL COSTS-BLD	186,626					
003 OLD CAP REL COSTS-MVB		7,433,198				
004 NEW CAP REL COSTS-BLD			186,626			
005 NEW CAP REL COSTS-MVB				7,433,198		
006 EMPLOYEE BENEFITS	7,134	952	7,134	952	42,219,211	
007 ADMINISTRATIVE & GENE	6,621	3,012,467	6,621	3,012,467	3,532,335	-34,152,111
008 MAINTENANCE & REPAIRS						
009 OPERATION OF PLANT	51,232	26,047	51,232	26,047	1,256,548	
010 LAUNDRY & LINEN SERVI						
011 HOUSEKEEPING	3,418	2,312	3,418	2,312	956,694	
012 DIETARY	1,201	100,924	1,201	100,924	159,526	
013 CAFETERIA	155		155		1,231,888	
014 NURSING ADMINISTRATIO	15,889	11,899	15,889	11,899	1,508,850	
015 CENTRAL SERVICES & SU	3,911	335,381	3,911	335,381	325,548	
016 PHARMACY	1,968	241,048	1,968	241,048	1,880,455	
017 MEDICAL RECORDS & LIB	4,146	7,902	4,146	7,902	1,211,132	
018 SOCIAL SERVICE	979		979		750,702	
019 OTHER GENERAL SERVICE	3,462	10,728	3,462	10,728	3,895,949	
022 I&R SERVICES-SALARY &	50		50		75,503	
025 INPAT ROUTINE SRVC CN						
026 ADULTS & PEDIATRICS	23,558	68,325	23,558	68,325	5,480,041	
027 INTENSIVE CARE UNIT	610	85,663	610	85,663	1,239,908	
028 CORONARY CARE UNIT						
029 BURN INTENSIVE CARE U						
033 SURGICAL INTENSIVE CA						
037 NURSERY						
038 ANCILLARY SRVC COST C						
040 OPERATING ROOM	5,888	196,614	5,888	196,614	1,688,935	
041 RECOVERY ROOM	4,346	68,527	4,346	68,527		
042 ANESTHESIOLOGY	96	29,277	96	29,277		
043 RADIOLOGY-DIAGNOSTIC	5,030	288,934	5,030	288,934	1,262,122	
041 01 CT SCAN	662	142,363	662	142,363	319,857	
042 02 ULTRASOUND	150	31,524	150	31,524	122,074	
043 03 PET SCAN	830	474,620	830	474,620	192,226	
044 04 MAMMOGRAPHY	192	24,195	192	24,195	356,225	
041 05 MRI	766	412,094	766	412,094	163,667	
042 RADIOLOGY-THERAPEUTIC	8,535	1,271,222	8,535	1,271,222	1,367,788	
043 RADIOISOTOPE	311	75,293	311	75,293	355,867	
044 LABORATORY	7,167	108,722	7,167	108,722	1,808,968	
047 BLOOD STORING, PROCES	292	25,002	292	25,002	438,459	
049 RESPIRATORY THERAPY	1,021	47,530	1,021	47,530	687,903	
050 PHYSICAL THERAPY	1,529	1,583	1,529	1,583	473,191	
053 ELECTROCARDIOLOGY	256	35,548	256	35,548	209,248	
054 ELECTROENCEPHALOGRAPH		12,896		12,896	63,215	
055 MEDICAL SUPPLIES CHAR					3,724	
055 01 NUTRITIONAL COUNSELING	683	339	683	339	360,951	
056 DRUGS CHARGED TO PATI						
056 01 ONCOLOGY	19,298	261,231	19,298	261,231	3,662,235	
059 REFERENCE LAB						
060 01 OUTPAT SERVICE COST C						
061 PAIN MANAGEMENT	216	2,541	216	2,541	405,353	
062 EMERGENCY	170	527	170	527	1,422,382	
062 OBSERVATION BEDS (NON						
095 SPEC PURPOSE COST CEN						
097 SUBTOTALS	181,772	7,414,230	181,772	7,414,230	38,869,469	-34,152,111
101 NONREIMBURS COST CENT						
102 02 NRCC	4,854	18,968	4,854	18,968	3,349,742	
103 CROSS FOOT ADJUSTMENT						
102 NEGATIVE COST CENTER						
103 COST TO BE ALLOCATED			4,520,210	7,461,461	9,825,782	
104 (WRKSHT B, PART I)						
104 UNIT COST MULTIPLIER			24.220687		.232732	
105 (WRKSHT B, PT I)				1.003802		
105 COST TO BE ALLOCATED						
106 (WRKSHT B, PART II)						
106 UNIT COST MULTIPLIER						
107 (WRKSHT B, PT II)						
107 COST TO BE ALLOCATED					173,746	
108 (WRKSHT B, PART III)						
108 UNIT COST MULTIPLIER					.004115	
108 (WRKSHT B, PT III)						

	COST CENTER DESCRIPTION	ADMINISTRATIVE & GENERAL	MAINTENANCE & REPAIRS	OPERATION OF PLANT	LAUNDRY & LINEN SERVICE	HOUSEKEEPING	DIETARY	CAFETERIA
		(ACCUM. COST)	(SQUARE FEET)	(SQUARE FEET)	(POUNDS OF LAUNDRY)	(SQUARE FEET)	(MEALS SERVED)	(HOURS OF SERVICE)
		6	7	8	9	10	11	12
001	GENERAL SERVICE COST							
002	OLD CAP REL COSTS-BLD							
003	OLD CAP REL COSTS-MVB							
004	NEW CAP REL COSTS-BLD							
005	NEW CAP REL COSTS-MVB							
006	EMPLOYEE BENEFITS							
007	ADMINISTRATIVE & GENERAL	120,637,262						
008	MAINTENANCE & REPAIRS		172,871					
009	OPERATION OF PLANT	6,877,400	51,232	121,639				
010	LAUNDRY & LINEN SERVICE	242,500			343,803			
011	HOUSEKEEPING	1,702,181	3,418	3,418		118,221		
012	DIETARY	547,283	1,201	1,201		1,201	31,777	
013	CAFETERIA	1,072,110	155	155				1,206,957
014	NURSING ADMINISTRATION	2,913,052	15,889	15,889		15,889		36,208
015	CENTRAL SERVICES & SUPPORT	1,228,568	3,911	3,911		3,911		15,564
016	PHARMACY	3,306,145	1,968	1,968		1,968		58,229
017	MEDICAL RECORDS & LIBRARY	2,064,635	4,146	4,146		4,146		58,512
018	SOCIAL SERVICE	1,329,774	979	979	95	979		34,435
019	OTHER GENERAL SERVICE	6,104,436	3,462	3,462	258	3,462		142,855
020	I&R SERVICES-SALARY & BENEFITS	111,625	50	50		50		4,160
021	INPATIENT ROUTINE SERVICE CENTER							
022	ADULTS & PEDIATRICS	8,480,702	23,558	23,558	148,429	23,558	25,401	167,785
023	INTENSIVE CARE UNIT	2,156,337	610	610	17,650	610	1,145	37,714
024	CORONARY CARE UNIT							
025	BURN INTENSIVE CARE UNIT							
026	SURGICAL INTENSIVE CARE UNIT							
027	NURSERY							
028	ANCILLARY SERVICE COST CENTER							
029	OPERATING ROOM	3,136,267	5,888	5,888	39,170	5,888	330	51,553
030	RECOVERY ROOM	174,051	4,346	4,346	23,678	4,346		45,562
031	ANESTHESIOLOGY	31,713	96	96		96		
032	RADIOLOGY-DIAGNOSTIC	2,965,726	5,030	5,030	50,365	5,030		36,246
033	CT SCAN	1,017,097	662	662		662		7,817
034	ULTRASOUND	225,363	150	150		150		2,298
035	PET SCAN	1,288,784	830	830		830		6,245
036	MAMMOGRAPHY	592,745	192	192	7	192		13,615
037	MRI	845,931	766	766		766		4,235
038	RADIOLOGY-THERAPEUTIC	4,759,135	8,535	8,535	24,621	8,535		49,712
039	RADIOISOTOPE	783,490	311	311		311		6,529
040	LABORATORY	4,102,184	7,167	7,167		7,167		70,063
041	BLOOD STORING, PROCESSING	1,894,319	292	292		292		13,914
042	RESPIRATORY THERAPY	1,031,860	1,021	1,021		1,021		20,456
043	PHYSICAL THERAPY	706,593	1,529	1,529	8,622	1,529		17,745
044	ELECTROCARDIOLOGY	401,754	256	256	967	256		4,733
045	ELECTROENCEPHALOGRAPHY	106,277			2,171			2,383
046	MEDICAL SUPPLIES CHARGE	3,455,732						
047	NUTRITIONAL COUNSELING	534,506	683	683		683		13,524
048	DRUGS CHARGED TO PATIENT	35,945,154						
049	ONCOLOGY	6,552,868	19,298	19,298	22,561	19,298	4,901	138,471
050	REFERENCE LAB							
051	OUTPATIENT SERVICE COST CENTER							
052	PAIN MANAGEMENT	573,838	216	216	94	216		12,719
053	EMERGENCY	2,548,523	170	170	5,115	170		
054	OBSERVATION BEDS (NON-SPEC PURPOSE COST CENTER)							
055	SUBTOTALS	111,810,658	168,017	116,785	343,803	113,367	31,777	1,073,282
056	NONREIMBURSABLE COST CENTER							
057	NRCC	8,826,604	4,854	4,854		4,854		133,675
058	CROSS FOOT ADJUSTMENT							
059	NEGATIVE COST CENTER							
060	COST TO BE ALLOCATED (WORKSHEET B, PART I)	34,152,111		8,824,378	311,151	2,432,026	814,052	1,390,056
061	UNIT COST MULTIPLIER (WORKSHEET B, PART I)	.283098		72.545631	.905027	20.571861	25.617648	1.151703
062	COST TO BE ALLOCATED (WORKSHEET B, PART II)							
063	UNIT COST MULTIPLIER (WORKSHEET B, PART II)							
064	COST TO BE ALLOCATED (WORKSHEET B, PART III)	3,198,822		1,454,555	6,430	175,051	161,705	39,334
065	UNIT COST MULTIPLIER (WORKSHEET B, PART III)	.026516		11.957966	.018703	1.480710	5.088743	.032589

COST CENTER DESCRIPTION	NURSING ADMIN ISTRATION	CENTRAL SERVI CES & SUPPLY	PHARMACY (COST )REQUIS	MEDICAL RECOR DS & LIBRARY	SOCIAL SERVIC E	OTHER GENERAL SERVICE COS	I&R SERVICES- SALARY & FRI
	(HOURS OF SERVICE	(COSTED )REQUIS	(COST )REQUIS	(GROSS )REVE	(GROSS )REVE	(GROSS )REVE	(ASSIGNED )TIME
	14	15	16	17	18	19	22
001 GENERAL SERVICE COST							
002 OLD CAP REL COSTS-BLD							
003 OLD CAP REL COSTS-MVB							
004 NEW CAP REL COSTS-BLD							
005 NEW CAP REL COSTS-MVB							
006 EMPLOYEE BENEFITS							
007 ADMINISTRATIVE & GENE							
008 MAINTENANCE & REPAIRS							
009 OPERATION OF PLANT							
010 LAUNDRY & LINEN SERVI							
011 HOUSEKEEPING							
012 DIETARY							
012 CAFETERIA							
014 NURSING ADMINISTRATIO	302,614						
015 CENTRAL SERVICES & SU		100					
016 PHARMACY			100				
017 MEDICAL RECORDS & LIB				396,071,856			
018 SOCIAL SERVICE					396,071,856		
019 OTHER GENERAL SERVICE						396,071,856	
022 I&R SERVICES-SALARY &							100
025 INPAT ROUTINE SRVC CN							
026 ADULTS & PEDIATRICS	167,785			11,018,962	11,018,962	11,018,962	
027 INTENSIVE CARE UNIT	37,714			3,212,869	3,212,869	3,212,869	
027 CORONARY CARE UNIT							
028 BURN INTENSIVE CARE U							
029 SURGICAL INTENSIVE CA							
033 NURSERY							
037 ANCILLARY SRVC COST C							
038 OPERATING ROOM	51,553			9,516,437	9,516,437	9,516,437	
040 RECOVERY ROOM	45,562			1,864,881	1,864,881	1,864,881	
041 ANESTHESIOLOGY				4,167,993	4,167,993	4,167,993	
041 RADIOLOGY-DIAGNOSTIC				5,217,514	5,217,514	5,217,514	
041 01 CT SCAN				30,474,907	30,474,907	30,474,907	
041 02 ULTRASOUND				555,552	555,552	555,552	
041 03 PET SCAN				7,603,067	7,603,067	7,603,067	
041 04 MAMMOGRAPHY				174,654	174,654	174,654	
041 05 MRI				4,505,764	4,505,764	4,505,764	
042 RADIOLOGY-THERAPEUTIC				34,368,550	34,368,550	34,368,550	
043 RADIOISOTOPE				3,590,617	3,590,617	3,590,617	
044 LABORATORY				27,637,818	27,637,818	27,637,818	
047 BLOOD STORING, PROCES				3,232,954	3,232,954	3,232,954	
049 RESPIRATORY THERAPY				3,510,076	3,510,076	3,510,076	
050 PHYSICAL THERAPY				1,024,092	1,024,092	1,024,092	
053 ELECTROCARDIOLOGY				3,013,688	3,013,688	3,013,688	
054 ELECTROENCEPHALOGRAPH				253,237	253,237	253,237	
055 MEDICAL SUPPLIES CHAR		100		8,376,523	8,376,523	8,376,523	
055 01 NUTRITIONAL COUNSELING				355,237	355,237	355,237	
056 DRUGS CHARGED TO PATI			100	213,509,468	213,509,468	213,509,468	
056 01 ONCOLOGY				12,393,194	12,393,194	12,393,194	
059 REFERENCE LAB							
060 01 OUTPAT SERVICE COST C							
061 PAIN MANAGEMENT				573,991	573,991	573,991	
061 EMERGENCY				5,919,811	5,919,811	5,919,811	100
062 OBSERVATION BEDS (NON							
062 SPEC PURPOSE COST CEN							
095 SUBTOTALS	302,614	100	100	396,071,856	396,071,856	396,071,856	100
095 NONREIMBURS COST CENT							
097 02 NRCC							
101 CROSS FOOT ADJUSTMENT							
102 NEGATIVE COST CENTER							
103 COST TO BE ALLOCATED	5,258,976	1,958,481	4,492,426	3,102,582	1,837,137	8,319,723	152,673
103 (WRKSHT B, PART I)							
104 UNIT COST MULTIPLIER		19,584.810000		.007833		.021006	
104 (WRKSHT B, PT I)	17.378495		44,924.260000		.004638		1,526.730000
105 COST TO BE ALLOCATED							
105 (WRKSHT B, PART II)							
106 UNIT COST MULTIPLIER							
106 (WRKSHT B, PT II)							
107 COST TO BE ALLOCATED	694,944	518,366	413,379	225,705	76,342	323,703	5,290
107 (WRKSHT B, PART III)							
108 UNIT COST MULTIPLIER		5,183.660000		.000570		.000817	
108 (WRKSHT B, PT III)	2.296470		4,133.790000		.000193		52.900000

## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
 I 14-0100 I FROM 7/ 1/2007 I WORKSHEET C  
 I I TO 6/30/2008 I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	17,338,246		17,338,246		17,338,246
27	INTENSIVE CARE UNIT	3,675,305		3,675,305		3,675,305
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
33	SURGICAL INTENSIVE CARE U NURSERY					
37	ANCILLARY SRVC COST CNTRS					
38	OPERATING ROOM	5,890,187		5,890,187		5,890,187
40	RECOVERY ROOM	1,556,145		1,556,145		1,556,145
41	ANESTHESIOLOGY	189,162		189,162		189,162
41	RADIOLOGY-DIAGNOSTIC	4,535,692		4,535,692		4,535,692
41 01	CT SCAN	2,395,891		2,395,891		2,395,891
41 02	ULTRASOUND	324,377		324,377		324,377
41 03	PET SCAN	1,992,644		1,992,644		1,992,644
41 04	MAMMOGRAPHY	799,962		799,962		799,962
41 05	MRI	1,312,457		1,312,457		1,312,457
42	RADIOLOGY-THERAPEUTIC	8,131,287		8,131,287		8,131,287
43	RADIOISOTOPE	1,161,976		1,161,976		1,161,976
44	LABORATORY	6,936,801		6,936,801		6,936,801
47	BLOOD STORING, PROCESSING	2,582,041		2,582,041		2,582,041
49	RESPIRATORY THERAPY	1,560,117		1,560,117		1,560,117
50	PHYSICAL THERAPY	1,111,528		1,111,528		1,111,528
53	ELECTROCARDIOLOGY	646,543		646,543		646,543
54	ELECTROENCEPHALOGRAPHY	149,552		149,552		149,552
55	MEDICAL SUPPLIES CHARGED	6,672,944		6,672,944		6,672,944
55 01	NUTRITIONAL COUNSELING	776,893		776,893		776,893
56	DRUGS CHARGED TO PATIENTS	57,761,323		57,761,323		57,761,323
56 01	ONCOLOGY	10,925,288		10,925,288		10,925,288
59	REFERENCE LAB					
60	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT	790,353		790,353		790,353
61	EMERGENCY	3,488,642		3,488,642		3,488,642
62	OBSERVATION BEDS (NON-DIS	144,334		144,334		144,334
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	142,849,690		142,849,690		142,849,690
102	LESS OBSERVATION BEDS	144,334		144,334		144,334
103	TOTAL	142,705,356		142,705,356		142,705,356



## COMPUTATION OF RATIO OF COSTS TO CHARGES

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
 I 14-0100 I FROM 7/ 1/2007 I WORKSHEET C  
 I I TO 6/30/2008 I PART I

WKST A LT#E NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	11,708,122		11,708,122			
27	INTENSIVE CARE UNIT	3,418,309		3,418,309			
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U NURSERY						
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	9,976,663 -	8,007,840	17,984,503 -	.327515	.327515	.327515
40	RECOVERY ROOM	775,395 -	3,525,981	4,301,376 -	.361778	.361778	.361778
41	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	796,846 -	1,137,605	1,934,451 -	2.344692	2.344692	2.344692
41 01	CT SCAN	2,985,994	31,931,014	34,917,008 -	.068617	.068617	.068617
41 02	ULTRASOUND	379,216	476,067	855,283 -	.379263	.379263	.379263
41 03	PET SCAN	298,652	9,738,369	10,037,021 -	.198529	.198529	.198529
41 04	MAMMOGRAPHY	9,936	195,484	205,420 -	3.894275	3.894275	3.894275
41 05	MRI	889,488	4,610,532	5,500,020 -	.238628	.238628	.238628
42	RADIOLOGY-THERAPEUTIC	5,760,411 -	35,703,170	41,463,581 -	.196107	.196107	.196107
43	RADIOISOTOPE	255,834	3,047,125	3,302,959	.351798	.351798	.351798
44	LABORATORY	9,567,793 -	22,082,333	31,650,126 -	.219171	.219171	.219171
47	BLOOD STORING, PROCESSING	3,608,125 -	1,354,000	4,962,125 -	.520350	.520350	.520350
49	RESPIRATORY THERAPY	3,905,536 -	314,843	4,220,379 -	.369663	.369663	.369663
50	PHYSICAL THERAPY	605,353 -	501,985	1,107,338 -	1.003784	1.003784	1.003784
53	ELECTROCARDIOLOGY	801,674 -	2,414,489	3,216,163 -	.201029	.201029	.201029
54	ELECTROENCEPHALOGRAPHY	55,458 -	94,274	149,732 -	.998798	.998798	.998798
55	MEDICAL SUPPLIES CHARGED	4,780,540 -	2,577,473	7,358,013 -	.906895	.906895	.906895
55 01	NUTRITIONAL COUNSELING	88,714	242,130	330,844	2.348215	2.348215	2.348215
56	DRUGS CHARGED TO PATIENTS	50,883,018 -	185,143,086	236,026,104 -	.244724	.244724	.244724
56 01	ONCOLOGY	111,802	12,840,552	12,952,354 -	.843498	.843498	.843498
59	REFERENCE LAB						
60 01	OUTPAT SERVICE COST CNTRS						
61	PAIN MANAGEMENT	408,811	146,872	555,683	1.422309	1.422309	1.422309
62	EMERGENCY						
	OBSERVATION BEDS (NON-DIS		1,533,738	1,533,738	.094106	.094106	.094106
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	112,071,690	327,618,962	439,690,652			
102	LESS OBSERVATION BEDS						
103	TOTAL	112,071,690	327,618,962	439,690,652			

WKST A LINE NO.	COST CENTER DESCRIPTION	WKST B, PT I COL. 27 1	THERAPY ADJUSTMENT 2	TOTAL COSTS 3	RCE DISALLOWANCE 4	TOTAL COSTS 5
25	INPAT ROUTINE SRVC CNTRS					
26	ADULTS & PEDIATRICS	17,338,246		17,338,246		17,338,246
27	INTENSIVE CARE UNIT	3,675,305		3,675,305		3,675,305
28	CORONARY CARE UNIT					
29	BURN INTENSIVE CARE UNIT					
33	SURGICAL INTENSIVE CARE U					
	NURSERY					
	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM	5,890,187		5,890,187		5,890,187
38	RECOVERY ROOM	1,556,145		1,556,145		1,556,145
40	ANESTHESIOLOGY	189,162		189,162		189,162
41	RADIOLOGY-DIAGNOSTIC	4,535,692		4,535,692		4,535,692
41 01	CT SCAN	2,395,891		2,395,891		2,395,891
41 02	ULTRASOUND	324,377		324,377		324,377
41 03	PET SCAN	1,992,644		1,992,644		1,992,644
41 04	MAMMOGRAPHY	799,962		799,962		799,962
41 05	MRI	1,312,457		1,312,457		1,312,457
42	RADIOLOGY-THERAPEUTIC	8,131,287		8,131,287		8,131,287
43	RADIOISOTOPE	1,161,976		1,161,976		1,161,976
44	LABORATORY	6,936,801		6,936,801		6,936,801
47	BLOOD STORING, PROCESSING	2,582,041		2,582,041		2,582,041
49	RESPIRATORY THERAPY	1,560,117		1,560,117		1,560,117
50	PHYSICAL THERAPY	1,111,528		1,111,528		1,111,528
53	ELECTROCARDIOLOGY	646,543		646,543		646,543
54	ELECTROENCEPHALOGRAPHY	149,552		149,552		149,552
55	MEDICAL SUPPLIES CHARGED	6,672,944		6,672,944		6,672,944
55 01	NUTRITIONAL COUNSELING	776,893		776,893		776,893
56	DRUGS CHARGED TO PATIENTS	57,761,323		57,761,323		57,761,323
56 01	ONCOLOGY	10,925,288		10,925,288		10,925,288
59	REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT	790,353		790,353		790,353
61	EMERGENCY	3,641,315		3,641,315		3,641,315
62	OBSERVATION BEDS (NON-DIS	144,334		144,334		144,334
	OTHER REIMBURS COST CNTRS					
101	SUBTOTAL	143,002,363		143,002,363		143,002,363
102	LESS OBSERVATION BEDS	144,334		144,334		144,334
103	TOTAL	142,858,029		142,858,029		142,858,029

COMPUTATION OF RATIO OF COSTS TO CHARGES  
SPECIAL TITLE XIX WORKSHEETI PROVIDER NO:  
I 14-0100  
II PERIOD:  
I FROM 7/ 1/2007  
I TO 6/30/2008I PREPARED 11/19/2008  
I WORKSHEET C  
I PART I

WKST A LINE NO.	COST CENTER DESCRIPTION	INPATIENT CHARGES 6	OUTPATIENT CHARGES 7	TOTAL CHARGES 8	COST OR OTHER RATIO 9	TEFRA INPAT- IENT RATIO 10	PPS INPAT- IENT RATIO 11
	INPAT ROUTINE SRVC CNTRS						
25	ADULTS & PEDIATRICS	11,708,122		11,708,122			
26	INTENSIVE CARE UNIT	3,418,309		3,418,309			
27	CORONARY CARE UNIT						
28	BURN INTENSIVE CARE UNIT						
29	SURGICAL INTENSIVE CARE U						
33	NURSERY						
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	9,976,663	8,007,840	17,984,503	.327515	.327515	.327515
38	RECOVERY ROOM	775,395	3,525,981	4,301,376	.361778	.361778	.361778
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	796,846	1,137,605	1,934,451	2.344692	2.344692	2.344692
41 01	CT SCAN	2,985,994	31,931,014	34,917,008	.068617	.068617	.068617
41 02	ULTRASOUND	379,216	476,067	855,283	.379263	.379263	.379263
41 03	PET SCAN	298,652	9,738,369	10,037,021	.198529	.198529	.198529
41 04	MAMMOGRAPHY	9,936	195,484	205,420	3.894275	3.894275	3.894275
41 05	MRI	889,488	4,610,532	5,500,020	.238628	.238628	.238628
42	RADIOLOGY-THERAPEUTIC	5,760,411	35,703,170	41,463,581	.196107	.196107	.196107
43	RADIOISOTOPE	255,834	3,047,125	3,302,959	.351798	.351798	.351798
44	LABORATORY	9,567,793	22,082,333	31,650,126	.219171	.219171	.219171
47	BLOOD STORING, PROCESSING	3,608,125	1,354,000	4,962,125	.520350	.520350	.520350
49	RESPIRATORY THERAPY	3,905,536	314,843	4,220,379	.369663	.369663	.369663
50	PHYSICAL THERAPY	605,353	501,985	1,107,338	1.003784	1.003784	1.003784
53	ELECTROCARDIOLOGY	801,674	2,414,489	3,216,163	.201029	.201029	.201029
54	ELECTROENCEPHALOGRAPHY	55,458	94,274	149,732	.998798	.998798	.998798
55	MEDICAL SUPPLIES CHARGED	4,780,540	2,577,473	7,358,013	.906895	.906895	.906895
55 01	NUTRITIONAL COUNSELING	88,714	242,130	330,844	2.348215	2.348215	2.348215
56	DRUGS CHARGED TO PATIENTS	50,883,018	185,143,086	236,026,104	.244724	.244724	.244724
56 01	ONCOLOGY	111,802	12,840,552	12,952,354	.843498	.843498	.843498
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	408,811	146,872	555,683	1.422309	1.422309	1.422309
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS		1,533,738	1,533,738	.094106	.094106	.094106
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	112,071,690	327,618,962	439,690,652			
102	LESS OBSERVATION BEDS						
103	TOTAL	112,071,690	327,618,962	439,690,652			

WKST A NO.	COST CENTER DESCRIPTION	TOTAL COST WKST B, PT I COL. 27 1	CAPITAL COST WKST B PT II & III, COL. 27 2	OPERATING COST NET OF CAPITAL COST 3	CAPITAL REDUCTION 4	OPERATING COST REDUCTION AMOUNT 5	COST NET OF CAP AND OPER COST REDUCTION 6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	5,890,187	646,729	5,243,458			5,890,187
40	RECOVERY ROOM	1,556,145	346,577	1,209,568			1,556,145
41	ANESTHESIOLOGY	189,162	40,429	148,733			189,162
41	RADIOLOGY-DIAGNOSTIC	4,535,692	573,660	3,962,032			4,535,692
41 01	CT SCAN	2,395,891	244,525	2,151,366			2,395,891
41 02	ULTRASOUND	324,377	44,724	279,653			324,377
41 03	PET SCAN	1,992,644	554,863	1,437,781			1,992,644
41 04	MAMMOGRAPHY	799,962	49,421	750,541			799,962
41 05	MRI	1,312,457	472,869	839,588			1,312,457
42	RADIOLOGY-THERAPEUTIC	8,131,287	1,785,681	6,345,606			8,131,287
43	RADIOISOTOPE	1,161,976	115,418	1,046,558			1,161,976
44	LABORATORY	6,936,801	541,209	6,395,592			6,936,801
47	BLOOD STORING, PROCESSING	2,582,041	93,688	2,488,353			2,582,041
49	RESPIRATORY THERAPY	1,560,117	122,566	1,437,551			1,560,117
50	PHYSICAL THERAPY	1,111,528	82,211	1,029,317			1,111,528
53	ELECTROCARDIOLOGY	646,543	61,771	584,772			646,543
54	ELECTROENCEPHALOGRAPHY	149,552	16,542	133,010			149,552
55	MEDICAL SUPPLIES CHARGED	6,672,944	623,249	6,049,695			6,672,944
55 01	NUTRITIONAL COUNSELING	776,893	42,721	734,172			776,893
56	DRUGS CHARGED TO PATIENTS	57,761,323	1,703,803	56,057,520			57,761,323
56 01	ONCOLOGY	10,925,288	1,227,257	9,698,031			10,925,288
59	REFERENCE LAB						
60	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	790,353	28,893	761,460			790,353
61	EMERGENCY	3,488,642	89,811	3,398,831			3,488,642
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS	144,334	14,513	129,821			144,334
101	SUBTOTAL	121,836,139	9,523,130	112,313,009			121,836,139
102	LESS OBSERVATION BEDS	144,334	14,513	129,821			144,334
103	TOTAL	121,691,805	9,508,617	112,183,188			121,691,805

Wkst A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRGRATIO	I/P PT B COST TO CHRGRATIO
NO.		7	8	9
	ANCILLARY SRVC COST CNTRS			
37	OPERATING ROOM	17,984,503	.327515	.327515
38	RECOVERY ROOM	4,301,376	.361778	.361778
40	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	1,934,451	2.344692	2.344692
41 01	CT SCAN	34,917,008	.068617	.068617
41 02	ULTRASOUND	855,283	.379263	.379263
41 03	PET SCAN	10,037,021	.198529	.198529
41 04	MAMMOGRAPHY	205,420	3.894275	3.894275
41 05	MRI	5,500,020	.238628	.238628
42	RADIOLOGY-THERAPEUTIC	41,463,581	.196107	.196107
43	RADIOISOTOPE	3,302,959	.351798	.351798
44	LABORATORY	31,650,126	.219171	.219171
47	BLOOD STORING, PROCESSING	4,962,125	.520350	.520350
49	RESPIRATORY THERAPY	4,220,379	.369663	.369663
50	PHYSICAL THERAPY	1,107,338	1.003784	1.003784
53	ELECTROCARDIOLOGY	3,216,163	.201029	.201029
54	ELECTROENCEPHALOGRAPHY	149,732	.998798	.998798
55	MEDICAL SUPPLIES CHARGED	7,358,013	.906895	.906895
55 01	NUTRITIONAL COUNSELING	330,844	2.348215	2.348215
56	DRUGS CHARGED TO PATIENTS	236,026,104	.244724	.244724
56 01	ONCOLOGY	12,952,354	.843498	.843498
59	REFERENCE LAB			
	OUTPAT SERVICE COST CNTRS			
60 01	PAIN MANAGEMENT	555,683	1.422309	1.422309
61	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS	1,533,738	.094106	.094106
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	424,564,221		
102	LESS OBSERVATION BEDS	1,533,738		
103	TOTAL	423,030,483		

Wkst A	COST CENTER DESCRIPTION	TOTAL COST	CAPITAL COST	OPERATING	CAPITAL	OPERATING COST	COST NET OF
NO.		WKST B, PT I	WKST B PT II	COST NET OF	REDUCTION	REDUCTION	CAP AND OPER
		COL. 27	& III, COL. 27	CAPITAL COST		AMOUNT	COST REDUCTION
		1	2	3	4	5	6
37	ANCILLARY SRVC COST CNTRS						
38	OPERATING ROOM	5,890,187	646,729	5,243,458	64,673	304,121	5,521,393
40	RECOVERY ROOM	1,556,145	346,577	1,209,568	34,658	70,155	1,451,332
41	ANESTHESIOLOGY	189,162	40,429	148,733	4,043	8,627	176,492
41	RADIOLOGY-DIAGNOSTIC	4,535,692	573,660	3,962,032	57,366	229,798	4,248,528
41 01	CT SCAN	2,395,891	244,525	2,151,366	24,453	124,779	2,246,659
41 02	ULTRASOUND	324,377	44,724	279,653	4,472	16,220	303,685
41 03	PET SCAN	1,992,644	554,863	1,437,781	55,486	83,391	1,853,767
41 04	MAMMOGRAPHY	799,962	49,421	750,541	4,942	43,531	751,489
41 05	MRI	1,312,457	472,869	839,588	47,287	48,696	1,216,474
42	RADIOLOGY-THERAPEUTIC	8,131,287	1,785,681	6,345,606	178,568	368,045	7,584,674
43	RADIOISOTOPE	1,161,976	115,418	1,046,558	11,542	60,700	1,089,734
44	LABORATORY	6,936,801	541,209	6,395,592	54,121	370,944	6,511,736
47	BLOOD STORING, PROCESSING	2,582,041	93,688	2,488,353	9,369	144,324	2,428,348
49	RESPIRATORY THERAPY	1,560,117	122,566	1,437,551	12,257	83,378	1,464,482
50	PHYSICAL THERAPY	1,111,528	82,211	1,029,317	8,221	59,700	1,043,607
53	ELECTROCARDIOLOGY	646,543	61,771	584,772	6,177	33,917	606,449
54	ELECTROENCEPHALOGRAPHY	149,552	16,542	133,010	1,654	7,715	140,183
55	MEDICAL SUPPLIES CHARGED	6,672,944	623,249	6,049,695	62,325	350,882	6,259,737
55 01	NUTRITIONAL COUNSELING	776,893	42,721	734,172	4,272	42,582	730,039
56	DRUGS CHARGED TO PATIENTS	57,761,323	1,703,803	56,057,520	170,380	3,251,336	54,339,607
56 01	ONCOLOGY	10,925,288	1,227,257	9,698,031	122,726	562,486	10,240,076
59	REFERENCE LAB						
60	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	790,353	28,893	761,460	2,889	44,165	743,299
61	EMERGENCY	3,641,315	89,811	3,551,504	8,981	205,987	3,426,347
62	OBSERVATION BEDS (NON-DIS	144,334	14,513	129,821	1,451	7,530	135,353
	OTHER REIMBURS COST CNTRS						
101	SUBTOTAL	121,988,812	9,523,130	112,465,682	952,313	6,523,009	114,513,490
102	LESS OBSERVATION BEDS	144,334	14,513	129,821	1,451	7,530	135,353
103	TOTAL	121,844,478	9,508,617	112,335,861	950,862	6,515,479	114,378,137

WVCT A	COST CENTER DESCRIPTION	TOTAL CHARGES	OUTPAT COST TO CHRG RATIO	I/P PT B COST TO CHRG RATIO
NO.		7	8	9
37	ANCILLARY SRVC COST CNTRS			
38	OPERATING ROOM	17,984,503	.307008	.323919
40	RECOVERY ROOM	4,301,376	.337411	.353721
41	ANESTHESIOLOGY			
41	RADIOLOGY-DIAGNOSTIC	1,934,451	2.196245	2.315037
41 01	CT SCAN	34,917,008	.064343	.067916
41 02	ULTRASOUND	855,283	.355070	.374034
41 03	PET SCAN	10,037,021	.184693	.193001
41 04	MAMMOGRAPHY	205,420	3.658305	3.870217
41 05	MRI	5,500,020	.221176	.230030
42	RADIOLOGY-THERAPEUTIC	41,463,581	.182924	.191800
43	RADIOISOTOPE	3,302,959	.329927	.348304
44	LABORATORY	31,650,126	.205741	.217461
47	BLOOD STORING, PROCESSING	4,962,125	.489377	.518462
49	RESPIRATORY THERAPY	4,220,379	.347002	.366759
50	PHYSICAL THERAPY	1,107,338	.942447	.996360
53	ELECTROCARDIOLOGY	3,216,163	.188563	.199109
54	ELECTROENCEPHALOGRAPHY	149,732	.936226	.987751
55	MEDICAL SUPPLIES CHARGED	7,358,013	.850737	.898424
55 01	NUTRITIONAL COUNSELING	330,844	2.206596	2.335303
56	DRUGS CHARGED TO PATIENTS	236,026,104	.230227	.244002
56 01	ONCOLOGY	12,952,354	.790596	.834023
59	REFERENCE LAB			
60	OUTPAT SERVICE COST CNTRS			
61	PAIN MANAGEMENT	555,683	1.337631	1.417110
62	EMERGENCY			
62	OBSERVATION BEDS (NON-DIS	1,533,738	.088250	.093160
	OTHER REIMBURS COST CNTRS			
101	SUBTOTAL	424,564,221		
102	LESS OBSERVATION BEDS	1,533,738		
103	TOTAL	423,030,483		

A NO.	COST CENTER DESCRIPTION	OLD CAPITAL			NEW CAPITAL		
		CAPITAL REL COST (B, II) 1	SWING BED ADJUSTMENT 2	REDUCED CAP RELATED COST 3	CAPITAL REL COST (B, III) 4	SWING BED ADJUSTMENT 5	REDUCED CAP RELATED COST 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS				1,743,429		1,743,429
27	INTENSIVE CARE UNIT				270,311		270,311
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
101	NURSERY						
	TOTAL				2,013,740		2,013,740



WKT A NO.	COST CENTER DESCRIPTION	TOTAL PATIENT DAYS 7	INPATIENT PROGRAM DAYS 8	OLD CAPITAL PER DIEM 9	INPAT PROGRAM OLD CAP CST 10	NEW CAPITAL PER DIEM 11	INPAT PROGRAM NEW CAP CST 12
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS	11,412	2,369			152.77	361,912
27	INTENSIVE CARE UNIT	820	195			329.65	64,282
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
101	NURSERY						
	TOTAL	12,232	2,564				426,194

TITLE XVIII, PART A

HOSPITAL

PPS

WKT A NO.	COST CENTER DESCRIPTION	OLD CAPITAL RELATED COST 1	NEW CAPITAL RELATED COST 2	TOTAL CHARGES 3	INPAT PROGRAM CHARGES 4	OLD CAPITAL CST/CHRG RATIO 5	COSTS 6
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM		646,729	17,984,503	1,408,424		
38	RECOVERY ROOM		346,577	4,301,376	282,148		
40	ANESTHESIOLOGY		40,429				
41	RADIOLOGY-DIAGNOSTIC		573,660	1,934,451	198,766		
41 01	CT SCAN		244,525	34,917,008	712,102		
41 02	ULTRASOUND		44,724	855,283	75,277		
41 03	PET SCAN		554,863	10,037,021	50,411		
41 04	MAMMOGRAPHY		49,421	205,420	2,980		
41 05	MRI		472,869	5,500,020	226,960		
42	RADIOLOGY-THERAPEUTIC		1,785,681	41,463,581	850,031		
43	RADIOISOTOPE		115,418	3,302,959	38,721		
44	LABORATORY		541,209	31,650,126	1,979,758		
47	BLOOD STORING, PROCESSING		93,688	4,962,125	605,165		
49	RESPIRATORY THERAPY		122,566	4,220,379	1,106,430		
50	PHYSICAL THERAPY		82,211	1,107,338	152,684		
53	ELECTROCARDIOLOGY		61,771	3,216,163	256,661		
54	ELECTROENCEPHALOGRAPHY		16,542	149,732	12,196		
55	MEDICAL SUPPLIES CHARGED		623,249	7,358,013	826,928		
55 01	NUTRITIONAL COUNSELING		42,721	330,844	16,963		
56	DRUGS CHARGED TO PATIENTS		1,703,803	236,026,104	7,348,954		
56 01	ONCOLOGY		1,227,257	12,952,354	34,709		
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT		28,893	555,683	51,910		
61	EMERGENCY		89,811				
62	OBSERVATION BEDS (NON-DIS OTHER REIMBURS COST CNTRS		14,513	1,533,738			
101	TOTAL		9,523,130	424,564,221	16,238,178		

WKT A	COST CENTER DESCRIPTION	NEW CAPITAL	
NO.		CST/CHRG RATIO	COSTS
		7	8
	ANCILLARY SRVC COST CNTRS		
37	OPERATING ROOM	.035960	50,647
38	RECOVERY ROOM	.080574	22,734
40	ANESTHESIOLOGY		
41	RADIOLOGY-DIAGNOSTIC	.296549	58,944
41 01	CT SCAN	.007003	4,987
41 02	ULTRASOUND	.052291	3,936
41 03	PET SCAN	.055282	2,787
41 04	MAMMOGRAPHY	.240585	717
41 05	MRI	.085976	19,513
42	RADIOLOGY-THERAPEUTIC	.043066	36,607
43	RADIOISOTOPE	.034944	1,353
44	LABORATORY	.017100	33,854
47	BLOOD STORING, PROCESSING	.018881	11,426
49	RESPIRATORY THERAPY	.029041	32,132
50	PHYSICAL THERAPY	.074242	11,336
53	ELECTROCARDIOLOGY	.019206	4,929
54	ELECTROENCEPHALOGRAPHY	.110477	1,347
55	MEDICAL SUPPLIES CHARGED	.084703	70,043
55 01	NUTRITIONAL COUNSELING	.129127	2,190
56	DRUGS CHARGED TO PATIENTS	.007219	53,052
56 01	ONCOLOGY	.094752	3,289
59	REFERENCE LAB		
	OUTPAT SERVICE COST CNTRS		
60 01	PAIN MANAGEMENT	.051995	2,699
61	EMERGENCY		
62	OBSERVATION BEDS (NON-DIS	.009463	
	OTHER REIMBURS COST CNTRS		
101	TOTAL		428,522

PPS

WKT A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST 1	MED EDUCATN COST 2	SWING BED ADJ AMOUNT 3	TOTAL COSTS 4	TOTAL PATIENT DAYS 5	PER DIEM 6
25	INPAT ROUTINE SRVC CNTRS						
26	ADULTS & PEDIATRICS					11,412	
27	INTENSIVE CARE UNIT					820	
28	CORONARY CARE UNIT						
29	BURN INTENSIVE CARE UNIT						
33	SURGICAL INTENSIVE CARE U						
101	NURSERY						
	TOTAL					12,232	

Wkst A NO.	COST CENTER DESCRIPTION	INPATIENT PROG DAYS	INPAT PROGRAM PASS THRU COST
		7	8
25	ADULTS & PEDIATRICS	2,369	
26	INTENSIVE CARE UNIT	195	
27	CORONARY CARE UNIT		
28	BURN INTENSIVE CARE UNIT		
29	SURGICAL INTENSIVE CARE U		
33	NURSERY		
101	TOTAL	2,564	

TITLE XVIII, PART A

HOSPITAL

PPS

WVCT A NO.	COST CENTER DESCRIPTION	NONPHYSICIAN ANESTHETIST		MED ED NRS SCHOOL COST	MED ED ALLIED HEALTH COST	MED ED ALL OTHER COSTS	BLOOD CLOT FOR HEMOPHILIACS
		1	1.01	2	2.01	2.02	2.03
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM						
38	RECOVERY ROOM						
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC						
41 01	CT SCAN						
41 02	ULTRASOUND						
41 03	PET SCAN						
41 04	MAMMOGRAPHY						
41 05	MRI						
42	RADIOLOGY-THERAPEUTIC						
43	RADIOISOTOPE						
44	LABORATORY						
47	BLOOD STORING, PROCESSING						
49	RESPIRATORY THERAPY						
50	PHYSICAL THERAPY						
53	ELECTROCARDIOLOGY						
54	ELECTROENCEPHALOGRAPHY						
55	MEDICAL SUPPLIES CHARGED						
55 01	NUTRITIONAL COUNSELING						
56	DRUGS CHARGED TO PATIENTS						
56 01	ONCOLOGY						
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT						
61	EMERGENCY						
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL						

TITLE XVIII, PART A

HOSPITAL

PPS

Wkst A NO.	COST CENTER DESCRIPTION	TOTAL COSTS 3	O/P PASS THRU COSTS 3.01	TOTAL CHARGES 4	RATIO OF COST TO CHARGES 5	O/P CST 5.01	RATIO OF TO CHARGES 5.01	INPAT PROG CHARGE 6	INPAT PROG PASS THRU COST 7
	ANCILLARY SRVC COST CNTRS								
37	OPERATING ROOM			17,984,503				1,408,424	
38	RECOVERY ROOM			4,301,376				282,148	
40	ANESTHESIOLOGY								
41	RADIOLOGY-DIAGNOSTIC			1,934,451				198,766	
41 01	CT SCAN			34,917,008				712,102	
41 02	ULTRASOUND			855,283				75,277	
41 03	PET SCAN			10,037,021				50,411	
41 04	MAMMOGRAPHY			205,420				2,980	
41 05	MRI			5,500,020				226,960	
42	RADIOLOGY-THERAPEUTIC			41,463,581				850,031	
43	RADIOISOTOPE			3,302,959				38,721	
44	LABORATORY			31,650,126				1,979,758	
47	BLOOD STORING, PROCESSING			4,962,125				605,165	
49	RESPIRATORY THERAPY			4,220,379				1,106,430	
50	PHYSICAL THERAPY			1,107,338				152,684	
53	ELECTROCARDIOLOGY			3,216,163				256,661	
54	ELECTROENCEPHALOGRAPHY			149,732				12,196	
55	MEDICAL SUPPLIES CHARGED			7,358,013				826,928	
55 01	NUTRITIONAL COUNSELING			330,844				16,963	
56	DRUGS CHARGED TO PATIENTS			236,026,104				7,348,954	
56 01	ONCOLOGY			12,952,354				34,709	
59	REFERENCE LAB								
60	OUTPAT SERVICE COST CNTRS								
60 01	PAIN MANAGEMENT			555,683				51,910	
61	EMERGENCY								
62	OBSERVATION BEDS (NON-DIS			1,533,738					
	OTHER REIMBURS COST CNTRS								
101	TOTAL			424,564,221				16,238,178	

TITLE XVIII, PART A

HOSPITAL

PPS

Wkst A	COST CENTER DESCRIPTION	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	OUTPAT PROG	COL 8.01	COL 8.02
NO.		CHARGES	D,V COL 5.03	D,V COL 5.04	PASS THRU COST	* COL 5	* COL 5
		8	8.01	8.02	9	9.01	9.02
	ANCILLARY SRVC COST CNTRS						
37	OPERATING ROOM	1,016,854					
38	RECOVERY ROOM	339,136					
40	ANESTHESIOLOGY						
41	RADIOLOGY-DIAGNOSTIC	151,272					
41 01	CT SCAN	4,531,997					
41 02	ULTRASOUND	55,159					
41 03	PET SCAN	1,351,336					
41 04	MAMMOGRAPHY	34,155					
41 05	MRI	666,235					
42	RADIOLOGY-THERAPEUTIC	4,543,318					
43	RADIOISOTOPE	381,961					
44	LABORATORY	3,183,059					
47	BLOOD STORING, PROCESSING	101,794					
49	RESPIRATORY THERAPY	60,120					
50	PHYSICAL THERAPY	125,075					
53	ELECTROCARDIOLOGY	341,492					
54	ELECTROENCEPHALOGRAPHY	3,030					
55	MEDICAL SUPPLIES CHARGED	265,538					
55 01	NUTRITIONAL COUNSELING	21,388					
56	DRUGS CHARGED TO PATIENTS	18,301,758					
56 01	ONCOLOGY	1,206,995					
59	REFERENCE LAB						
	OUTPAT SERVICE COST CNTRS						
60 01	PAIN MANAGEMENT	11,455					
61	EMERGENCY	247,616					
62	OBSERVATION BEDS (NON-DIS						
	OTHER REIMBURS COST CNTRS						
101	TOTAL	36,940,743					



(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

(1) REPORT NON HOSPITAL AND NON SUBPROVIDER COMPONENTS COST FOR THE PERIOD HERE (SEE INSTRUCTIONS)

TITLE XVIII, PART B

HOSPITAL

		Outpatient Radiology	Other Outpatient Diagnostic	All Other	PPS Services FYB to 12/31	Non-PPS Services
Cost Center Description		7	8	9	9.01	9.02
(A)	ANCILLARY SRVC COST CNTRS					
37	OPERATING ROOM				333,035	
38	RECOVERY ROOM				122,692	
40	ANESTHESIOLOGY					
41	RADIOLOGY-DIAGNOSTIC				354,686	
41 01	CT SCAN				310,972	
41 02	ULTRASOUND				20,920	
41 03	PET SCAN				268,279	
41 04	MAMMOGRAPHY				133,009	
41 05	MRI				158,982	
42	RADIOLOGY-THERAPEUTIC				890,976	
43	RADIOISOTOPE				134,373	
44	LABORATORY				697,634	
47	BLOOD STORING, PROCESSING & TRANS.				52,969	
49	RESPIRATORY THERAPY				22,224	
50	PHYSICAL THERAPY				125,548	
53	ELECTROCARDIOLOGY				68,650	
54	ELECTROENCEPHALOGRAPHY				3,026	
55	MEDICAL SUPPLIES CHARGED TO PATIENTS				240,815	
55 01	NUTRITIONAL COUNSELING				50,224	
56	DRUGS CHARGED TO PATIENTS				4,478,879	
56 01	ONCOLOGY				1,018,098	
59	REFERENCE LAB					
	OUTPAT SERVICE COST CNTRS					
60 01	PAIN MANAGEMENT				16,293	
61	EMERGENCY					
62	OBSERVATION BEDS (NON-DISTINCT PART)					
101	SUBTOTAL				9,502,284	
102	CRNA CHARGES					
103	LESS PBP CLINIC LAB SVCS-					
	PROGRAM ONLY CHARGES					
104	NET CHARGES				9,502,284	

TITLE XVIII, PART B

HOSPITAL

PPS Services Hospital I/P Hospital I/P  
 1/1 to FYE Part B Charges Part B Costs

Cost Center Description 9.03 10 11  
 (A) ANCILLARY SRVC COST CNTRS  
 37 OPERATING ROOM  
 38 RECOVERY ROOM  
 40 ANESTHESIOLOGY  
 41 RADIOLOGY-DIAGNOSTIC  
 41 01 CT SCAN  
 41 02 ULTRASOUND  
 41 03 PET SCAN  
 41 04 MAMMOGRAPHY  
 41 05 MRI  
 42 RADIOLOGY-THERAPEUTIC  
 43 RADIOISOTOPE  
 44 LABORATORY  
 47 BLOOD STORING, PROCESSING & TRANS.  
 49 RESPIRATORY THERAPY  
 50 PHYSICAL THERAPY  
 53 ELECTROCARDIOLOGY  
 54 ELECTROENCEPHALOGRAPHY  
 55 MEDICAL SUPPLIES CHARGED TO PATIENTS  
 55 01 NUTRITIONAL COUNSELING  
 56 DRUGS CHARGED TO PATIENTS  
 56 01 ONCOLOGY  
 59 REFERENCE LAB  
 60 01 OUTPAT SERVICE COST CNTRS  
 61 PAIN MANAGEMENT  
 61 EMERGENCY  
 62 OBSERVATION BEDS (NON-DISTINCT PART)  
 101 SUBTOTAL  
 102 CRNA CHARGES  
 103 LESS PBP CLINIC LAB SVCS-  
 104 PROGRAM ONLY CHARGES  
 104 NET CHARGES

Health Financial Systems	MCRIF32	FOR MIDWESTERN REGIONAL MEDICAL CENTER	IN LIEU OF FORM CMS-2552-96(08/2000) CONTD		
APPORTIONMENT OF MEDICAL, OTHER HEALTH SERVICES & VACCINE COST	I	PROVIDER NO:	I PERIOD:	I	PREPARED 11/19/2008
	I	14-0100	I FROM	7/ 1/2007	I WORKSHEET D
	I	COMPONENT NO:	I TO	6/30/2008	I PART VI
	I	14-0100	I		I

TITLE XVIII, PART B HOSPITAL

PART VI - VACCINE COST APPORTIONMENT

1	DRUGS CHARGED TO PATIENTS-RATIO OF COST TO CHARGES	1	.244724
2	PROGRAM VACCINE CHARGES		760
3	PROGRAM COSTS		186

TITLE V - I/P

HOSPITAL

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,412
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,412
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,922
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,585,995
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,780,342
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,653
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,194.86
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	786.70
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	408.16
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	

TITLE V - I/P

HOSPITAL

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
 PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT		820			
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

1

- PART IV - COMPUTATION OF OBSERVATION BED COST

- COMPUTATION OF OBSERVATION BED PASS THROUGH COST

		COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
		1	2	3	4	5
86	OLD CAPITAL-RELATED COST					
87	NEW CAPITAL-RELATED COST					
88	NON PHYSICIAN ANESTHETIST					
89	MEDICAL EDUCATION					
89.01	MEDICAL EDUCATION - ALLIED HEA					
89.02	MEDICAL EDUCATION - ALL OTHER					



TITLE XVIII PART A

HOSPITAL

PPS

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,412
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,412
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,922
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	2,369
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17,338,246
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17,338,246

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	11,018,962
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	945,973
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,837,905
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.573492
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	634.88
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	789.95
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	17,338,246

TITLE XVIII PART A HOSPITAL PPS

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38	ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM	1,519.30
39	PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,599,222
40	MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM	
41	TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST	3,599,222

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42	NURSERY (TITLE V & XIX ONLY)				
	INTENSIVE CARE TYPE INPATIENT				
	HOSPITAL UNITS				
43	3,675,305	820	4,482.08	195	874,006
44	CORONARY CARE UNIT				
45	BURN INTENSIVE CARE UNIT				
46	SURGICAL INTENSIVE CARE UNIT				
47	OTHER SPECIAL CARE				
48	PROGRAM INPATIENT ANCILLARY SERVICE COST				
					1
49	TOTAL PROGRAM INPATIENT COSTS				
					5,429,096
					9,902,324

PASS THROUGH COST ADJUSTMENTS

50	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES	426,194
51	PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES	428,522
52	TOTAL PROGRAM EXCLUDABLE COST	854,716
53	TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS	9,047,608

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56) OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XVIII PART A HOSPITAL PPS

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
 SERVICE COST  
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 68 PROGRAM ROUTINE SERVICE COST  
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
 72 PER DIEM CAPITAL-RELATED COSTS  
 73 PROGRAM CAPITAL-RELATED COSTS  
 74 INPATIENT ROUTINE SERVICE COST  
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
 78 INPATIENT ROUTINE SERVICE COST LIMITATION  
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
 80 PROGRAM INPATIENT ANCILLARY SERVICES  
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 95  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,519.30  
 85 OBSERVATION BED COST 144,334

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST		17,338,246		144,334	
87 NEW CAPITAL-RELATED COST	1,743,429	17,338,246	.100554	144,334	14,513
88 NON PHYSICIAN ANESTHETIST		17,338,246		144,334	
89 MEDICAL EDUCATION		17,338,246		144,334	
89.01 MEDICAL EDUCATION - ALLIED HEA					
89.02 MEDICAL EDUCATION - ALL OTHER					

TITLE XIX - I/P

HOSPITAL

OTHER

PART I - ALL PROVIDER COMPONENTS

1

INPATIENT DAYS

1	INPATIENT DAYS (INCLUDING PRIVATE ROOM AND SWING BED DAYS, EXCLUDING NEWBORN)	11,412
2	INPATIENT DAYS (INCLUDING PRIVATE ROOM, EXCLUDING SWING-BED AND NEWBORN DAYS)	11,412
3	PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	1,490
4	SEMI-PRIVATE ROOM DAYS (EXCLUDING SWING-BED PRIVATE ROOM DAYS)	9,922
5	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
6	TOTAL SWING-BED SNF-TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
7	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
8	TOTAL SWING-BED NF TYPE INPATIENT DAYS (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
9	TOTAL INPATIENT DAYS INCLUDING PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED AND NEWBORN DAYS)	157
10	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
11	SWING-BED SNF-TYPE INPATIENT DAYS APPLICABLE TO TITLE XVIII ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
12	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLES V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
13	SWING-BED NF-TYPE INPATIENT DAYS APPLICABLE TO TITLE V & XIX ONLY (INCLUDING PRIVATE ROOM DAYS) AFTER DECEMBER 31 OF THE COST REPORTING PERIOD (IF CALENDAR YEAR, ENTER 0 ON THIS LINE)	
14	MEDICALLY NECESSARY PRIVATE ROOM DAYS APPLICABLE TO THE PROGRAM (EXCLUDING SWING-BED DAYS)	
15	TOTAL NURSERY DAYS (TITLE V OR XIX ONLY)	
16	NURSERY DAYS (TITLE V OR XIX ONLY)	

SWING-BED ADJUSTMENT

17	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
18	MEDICARE RATE FOR SWING-BED SNF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
19	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
20	MEDICAID RATE FOR SWING-BED NF SERVICES APPLICABLE TO SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
21	TOTAL GENERAL INPATIENT ROUTINE SERVICE COST	17,338,246
22	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
23	SWING-BED COST APPLICABLE TO SNF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
24	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES THROUGH DECEMBER 31 OF THE COST REPORTING PERIOD	
25	SWING-BED COST APPLICABLE TO NF-TYPE SERVICES AFTER DECEMBER 31 OF THE COST REPORTING PERIOD	
26	TOTAL SWING-BED COST (SEE INSTRUCTIONS)	
27	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST	17,338,246

PRIVATE ROOM DIFFERENTIAL ADJUSTMENT

28	GENERAL INPATIENT ROUTINE SERVICE CHARGES (EXCLUDING SWING-BED CHARGES)	9,585,995
29	PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	1,780,342
30	SEMI-PRIVATE ROOM CHARGES (EXCLUDING SWING-BED CHARGES)	7,805,653
31	GENERAL INPATIENT ROUTINE SERVICE COST/CHARGE RATIO	1.808706
32	AVERAGE PRIVATE ROOM PER DIEM CHARGE	1,194.86
33	AVERAGE SEMI-PRIVATE ROOM PER DIEM CHARGE	786.70
34	AVERAGE PER DIEM PRIVATE ROOM CHARGE DIFFERENTIAL	408.16
35	AVERAGE PER DIEM PRIVATE ROOM COST DIFFERENTIAL	738.24
36	PRIVATE ROOM COST DIFFERENTIAL ADJUSTMENT	1,099,978
37	GENERAL INPATIENT ROUTINE SERVICE COST NET OF SWING-BED COST AND PRIVATE ROOM COST DIFFERENTIAL	16,238,268

TITLE XIX - I/P

HOSPITAL

OTHER

II - HOSPITAL AND SUBPROVIDERS ONLY

1

PROGRAM INPATIENT OPERATING COST BEFORE  
PASS THROUGH COST ADJUSTMENTS

38 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM 1,422.91  
 39 PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 223,397  
 40 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO THE PROGRAM  
 41 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COST 223,397

	TOTAL I/P COST 1	TOTAL I/P DAYS 2	AVERAGE PER DIEM 3	PROGRAM DAYS 4	PROGRAM COST 5
42 NURSERY (TITLE V & XIX ONLY)					
INTENSIVE CARE TYPE INPATIENT HOSPITAL UNITS					
43 INTENSIVE CARE UNIT	3,675,305	820	4,482.08	12	53,785
44 CORONARY CARE UNIT					
45 BURN INTENSIVE CARE UNIT					
46 SURGICAL INTENSIVE CARE UNIT					
47 OTHER SPECIAL CARE					
48 PROGRAM INPATIENT ANCILLARY SERVICE COST					1
49 TOTAL PROGRAM INPATIENT COSTS					277,182

PASS THROUGH COST ADJUSTMENTS

50 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ROUTINE SERVICES  
 51 PASS THROUGH COSTS APPLICABLE TO PROGRAM INPATIENT ANCILLARY SERVICES  
 52 TOTAL PROGRAM EXCLUDABLE COST  
 53 TOTAL PROGRAM INPATIENT OPERATING COST EXCLUDING CAPITAL RELATED, NONPHYSICIAN  
 ANESTHETIST, AND MEDICAL EDUCATION COSTS

TARGET AMOUNT AND LIMIT COMPUTATION

54 PROGRAM DISCHARGES  
 55 TARGET AMOUNT PER DISCHARGE  
 56 TARGET AMOUNT  
 57 DIFFERENCE BETWEEN ADJUSTED INPATIENT OPERATING COST AND TARGET AMOUNT  
 58 BONUS PAYMENT  
 58.01 LESSER OF LINES 53/54 OR 55 FROM THE COST REPORTING PERIOD ENDING 1996, UPDATED  
 AND COMPOUNDED BY THE MARKET BASKET  
 58.02 LESSER OF LINES 53/54 OR 55 FROM PRIOR YEAR COST REPORT, UPDATED BY THE MARKET  
 BASKET  
 58.03 IF LINES 53/54 IS LESS THAN THE LOWER OF LINES 55, 58.01 OR 58.02 ENTER THE  
 LESSER OF 50% OF THE AMOUNT BY WHICH OPERATING COSTS (LINE 53) ARE LESS THAN  
 EXPECTED COSTS (LINES 54 x 58.02), OR 1 PERCENT OF THE TARGET AMOUNT (LINE 56)  
 OTHERWISE ENTER ZERO.  
 58.04 RELIEF PAYMENT  
 59 ALLOWABLE INPATIENT COST PLUS INCENTIVE PAYMENT  
 59.01 ALLOWABLE INPATIENT COST PER DISCHARGE (LINE 59 / LINE 54) (LTCH ONLY)  
 59.02 PROGRAM DISCHARGES PRIOR TO JULY 1  
 59.03 PROGRAM DISCHARGES AFTER JULY 1  
 59.04 PROGRAM DISCHARGES (SEE INSTRUCTIONS)  
 59.05 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES PRIOR TO JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.06 REDUCED INPATIENT COST PER DISCHARGE FOR DISCHARGES AFTER JULY 1  
 (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.07 REDUCED INPATIENT COST PER DISCHARGE (SEE INSTRUCTIONS) (LTCH ONLY)  
 59.08 REDUCED INPATIENT COST PLUS INCENTIVE PAYMENT (SEE INSTRUCTIONS)

PROGRAM INPATIENT ROUTINE SWING BED COST

60 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 61 MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE COST  
 REPORTING PERIOD (SEE INSTRUCTIONS)  
 62 TOTAL MEDICARE SWING-BED SNF INPATIENT ROUTINE COSTS  
 63 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS THROUGH DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 64 TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS AFTER DECEMBER 31 OF THE  
 COST REPORTING PERIOD  
 65 TOTAL TITLE V OR XIX SWING-BED NF INPATIENT ROUTINE COSTS

TITLE XIX - I/P HOSPITAL OTHER

PART III - SKILLED NURSING FACILITY, NURSING FACILITY & ICF/MR ONLY

66 SKILLED NURSING FACILITY/OTHER NURSING FACILITY/ICF/MR ROUTINE  
 SERVICE COST  
 67 ADJUSTED GENERAL INPATIENT ROUTINE SERVICE COST PER DIEM  
 68 PROGRAM ROUTINE SERVICE COST  
 69 MEDICALLY NECESSARY PRIVATE ROOM COST APPLICABLE TO PROGRAM  
 70 TOTAL PROGRAM GENERAL INPATIENT ROUTINE SERVICE COSTS  
 71 CAPITAL-RELATED COST ALLOCATED TO INPATIENT ROUTINE SERVICE COSTS  
 72 PER DIEM CAPITAL-RELATED COSTS  
 73 PROGRAM CAPITAL-RELATED COSTS  
 74 INPATIENT ROUTINE SERVICE COST  
 75 AGGREGATE CHARGES TO BENEFICIARIES FOR EXCESS COSTS  
 76 TOTAL PROGRAM ROUTINE SERVICE COSTS FOR COMPARISON TO THE COST LIMITATION  
 77 INPATIENT ROUTINE SERVICE COST PER DIEM LIMITATION  
 78 INPATIENT ROUTINE SERVICE COST LIMITATION  
 79 REASONABLE INPATIENT ROUTINE SERVICE COSTS  
 80 PROGRAM INPATIENT ANCILLARY SERVICES  
 81 UTILIZATION REVIEW - PHYSICIAN COMPENSATION  
 82 TOTAL PROGRAM INPATIENT OPERATING COSTS

1

PART IV - COMPUTATION OF OBSERVATION BED COST

83 TOTAL OBSERVATION BED DAYS 95  
 84 ADJUSTED GENERAL INPATIENT ROUTINE COST PER DIEM 1,519.30  
 85 OBSERVATION BED COST 144,334

COMPUTATION OF OBSERVATION BED PASS THROUGH COST

	COST	ROUTINE COST	COLUMN 1 DIVIDED BY COLUMN 2	TOTAL OBSERVATION BED COST	OBSERVATION BED PASS THROUGH COST
	1	2	3	4	5
86 OLD CAPITAL-RELATED COST					
87 NEW CAPITAL-RELATED COST					
88 NON PHYSICIAN ANESTHETIST					
89 MEDICAL EDUCATION					
90.01 MEDICAL EDUCATION - ALLIED HEA					
90.02 MEDICAL EDUCATION - ALL OTHER					

## INPATIENT ANCILLARY SERVICE COST APPORTIONMENT

I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
 I 14-0100 I FROM 7/ 1/2007 I WORKSHEET D-4  
 I COMPONENT NO: I TO 6/30/2008 I  
 I 14-0100 I

## TITLE XVIII, PART A

## HOSPITAL

## PPS

WKS NO.	A NO.	COST CENTER DESCRIPTION	RATIO COST TO CHARGES 1	INPATIENT CHARGES 2	INPATIENT COST 3
		INPAT ROUTINE SRVC CNTRS			
25		ADULTS & PEDIATRICS		2,444,739	
26		INTENSIVE CARE UNIT		886,520	
27		CORONARY CARE UNIT			
28		BURN INTENSIVE CARE UNIT			
29		SURGICAL INTENSIVE CARE UNIT			
		ANCILLARY SRVC COST CNTRS			
37		OPERATING ROOM	.327515	1,408,424	461,280
38		RECOVERY ROOM	.361778	282,148	102,075
40		ANESTHESIOLOGY			
41		RADIOLOGY-DIAGNOSTIC	2.344692	198,766	466,045
41	01	CT SCAN	.068617	712,102	48,862
41	02	ULTRASOUND	.379263	75,277	28,550
41	03	PET SCAN	.198529	50,411	10,008
41	04	MAMMOGRAPHY	3.894275	2,980	11,605
41	05	MRI	.238628	226,960	54,159
42		RADIOLOGY-THERAPEUTIC	.196107	850,031	166,697
43		RADIOISOTOPE	.351798	38,721	13,622
44		LABORATORY	.219171	1,979,758	433,906
47		BLOOD STORING, PROCESSING & TRANS.	.520350	605,165	314,898
49		RESPIRATORY THERAPY	.369663	1,106,430	409,006
50		PHYSICAL THERAPY	1.003784	152,684	153,262
53		ELECTROCARDIOLOGY	.201029	256,661	51,596
54		ELECTROENCEPHALOGRAPHY	.998798	12,196	12,181
55		MEDICAL SUPPLIES CHARGED TO PATIENTS	.906895	826,928	749,937
55	01	NUTRITIONAL COUNSELING	2.348215	16,963	39,833
56		DRUGS CHARGED TO PATIENTS	.244724	7,348,954	1,798,465
56	01	ONCOLOGY	.843498	34,709	29,277
59		REFERENCE LAB			
		OUTPAT SERVICE COST CNTRS			
60	01	PAIN MANAGEMENT	1.422309	51,910	73,832
61		EMERGENCY			
62		OBSERVATION BEDS (NON-DISTINCT PART)	.094106		
		OTHER REIMBURS COST CNTRS			
101		TOTAL		16,238,178	5,429,096
102		LESS PBP CLINIC LABORATORY SERVICES - PROGRAM ONLY CHARGES			
		NET CHARGES		16,238,178	

PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION	1	1.01
DRG AMOUNT		
1 OTHER THAN OUTLIER PAYMENTS OCCURRING PRIOR TO OCTOBER 1	617,103	
1.01 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER OCTOBER 1 AND BEFORE JANUARY 1	617,103	
1.02 OTHER THAN OUTLIER PAYMENTS OCCURRING ON OR AFTER JAN 1	1,234,205	
MANAGED CARE PATIENTS		
1.03 PAYMENTS PRIOR TO MARCH 1ST OR OCTOBER 1ST		
1.04 PAYMENTS ON OR AFTER OCTOBER 1 AND PRIOR TO JANUARY 1		
1.05 PAYMENTS ON OR AFTER JANUARY 1ST BUT BEFORE 4/1 / 10/1		
1.06 ADDITIONAL AMOUNT RECEIVED OR TO BE RECEIVED (SEE INSTR)		
1.07 PAYMENTS FOR DISCHARGES ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
1.08 SIMULATED PAYMENTS FROM PS&R ON OR AFTER APRIL 1, 2001 THROUGH SEPTEMBER 30, 2001.		
2 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO 10/1/97		
2.01 OUTLIER PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCTOBER 1, 1997 (SEE INSTRUCTIONS)	2,185,672	
3 BED DAYS AVAILABLE DIVIDED BY # DAYS IN COST RPTG PERIOD	68.63	
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.01 NUMBER OF INTERNS & RESIDENTS FROM WKST 5-3, PART I		
3.02 INDIRECT MEDICAL EDUCATION PERCENTAGE (SEE INSTRUCTIONS)		
3.03 INDIRECT MEDICAL EDUCATION ADJUSTMENT		
3.04 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR THE MOST RECENT COST REPORTING PERIOD ENDING ON OR BEFORE 12/31/1996.		
3.05 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD-ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
3.06 ADJUSTED FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS FOR AFFILIATED PROGRAMS IN ACCORDANCE WITH SECTION 1886(d)(5)(B)(viii)		
FOR CR PERIODS ENDING ON OR AFTER 7/1/2005 E-3 PT 6 LN 15 PLUS LN 3.06		
3.07 SUM OF LINES 3.04 THROUGH 3.06 (SEE INSTRUCTIONS)		
3.08 FTE COUNT FOR ALLOPATHIC AND OSTEOPATHIC PROGRAMS IN THE CURRENT YEAR FROM YOUR RECORDS		
3.09 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING PRIOR TO OCTOBER 1.		
3.10 FOR COST REPORTING PERIODS BEGINNING BEFORE OCTOBER 1, ENTER THE PERCENTAGE OF DISCHARGES OCCURRING ON OR AFTER OCTOBER 1		
3.11 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.09		
3.12 FTE COUNT FOR THE PERIOD IDENTIFIED IN LINE 3.10		
3.13 FTE COUNT FOR RESIDENTS IN DENTAL AND PODIATRIC PROGRAMS.	2.00	
3.14 CURRENT YEAR ALLOWABLE FTE (SEE INSTRUCTIONS)	2.00	
3.15 TOTAL ALLOWABLE FTE COUNT FOR THE PRIOR YEAR, IF NONE BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	1.50	
3.16 TOTAL ALLOWABLE FTE COUNT FOR THE PENULTIMATE YEAR IF THAT YEAR ENDED ON OR AFTER SEPTEMBER 30, 1997, OTHERWISE ENTER ZERO. IF THERE WAS NO FTE COUNT IN THIS PERIOD BUT PRIOR YEAR TEACHING WAS IN EFFECT ENTER 1 HERE	1.85	
3.17 SUM OF LINES 3.14 THRU 3.16 DIVIDED BY THE NUMBER OF THOSE LINES IN EXCESS OF ZERO (SEE INSTRUCTIONS).	1.78	
3.18 CURRENT YEAR RESIDENT TO BED RATIO (LN 3.17 DIVIDED BY LN 3)	.025936	
3.19 PRIOR YEAR RESIDENT TO BED RATIO (SEE INSTRUCTIONS)	.020548	
3.20 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER OCTOBER 1, 1997, ENTER THE LESSER OF LINES 3.18 OR 3.19	.020548	
3.21 IME PAYMENTS FOR DISCHARGES OCCURRING PRIOR TO OCT 1	6,738	
3.22 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER OCT 1, BUT BEFORE JANUARY 1 (SEE INSTRUCTIONS)	6,891	
3.23 IME PAYMENTS FOR DISCHARGES OCCURRING ON OR AFTER JANUARY 1	13,782	
SUM OF LINES PLUS E-3, PT 3.21 - 3.23 VI, LINE 23 27,411		
3.24 SUM OF LINES 3.21 THROUGH 3.23 (SEE INSTRUCTIONS).	27,411	
DISPROPORTIONATE SHARE ADJUSTMENT		
4 PERCENTAGE OF SSI RECIPIENT PATIENT DAYS TO MEDICARE PART A PATIENT DAYS (SEE INSTRUCTIONS)		
4.01 PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL DAYS REPORTED ON WORKSHEET S-3, PART I		
4.02 SUM OF LINES 4 AND 4.01		
4.03 ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE (SEE INSTRUC)		
4.04 DISPROPORTIONATE SHARE ADJUSTMENT (SEE INSTRUCTIONS)		
ADDITIONAL PAYMENT FOR HIGH PERCENTAGE OF ESRD BENEFICIARY DISCHARGES		
5 TOTAL MEDICARE DISCHARGES ON WKST 5-3, PART I EXCLUDING DISCHARGES FOR DRGs 302, 316, AND 317.		
5.01 TOTAL ESRD MEDICARE DISCHARGES EXCLUDING DRGs 302, 316 & 317		
5.02 DIVIDE LINE 5.01 BY LINE 5 (IF LESS THAN 10%, YOU DO NOT QUALIFY FOR ADJUSTMENT)		



PART A - INPATIENT HOSPITAL SERVICES UNDER PPS

HOSPITAL

DESCRIPTION

	1	1.01
5.03 TOTAL MEDICARE ESRD INPATIENT DAYS EXCLUDING DRGS 302, 316, AND 317.		
5.04 RATIO OF AVERAGE LENGTH OF STAY TO ONE WEEK		
5.05 AVERAGE WEEKLY COST FOR DIALYSIS TREATMENTS (SEE INSTRUCTIONS)	335.00	
5.06 TOTAL ADDITIONAL PAYMENT		
6 SUBTOTAL (SEE INSTRUCTIONS)	4,681,494	
7 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
7.01 HOSPITAL SPECIFIC PAYMENTS (TO BE COMPLETED BY SCH AND MDH, SMALL RURAL HOSPITALS ONLY, SEE INSTRUCTIONS)		
FY BEG. 10/1/2000		
8 TOTAL PAYMENT FOR INPATIENT OPERATING COSTS SCH AND MDH ONLY (SEE INSTRUCTIONS)	4,681,494	
9 PAYMENT FOR INPATIENT PROGRAM CAPITAL	395,333	
10 EXCEPTION PAYMENT FOR INPATIENT PROGRAM CAPITAL		
11 DIRECT GRADUATE MEDICAL EDUCATION PAYMENT	15,155	
11.01 NURSING AND ALLIED HEALTH MANAGED CARE		
11.02 SPECIAL ADD-ON PAYMENTS FOR NEW TECHNOLOGIES		
12 NET ORGAN ACQUISITION COST		
13 COST OF TEACHING PHYSICIANS		
14 ROUTINE SERVICE OTHER PASS THROUGH COSTS		
15 ANCILLARY SERVICE OTHER PASS THROUGH COSTS		
16 TOTAL	5,091,982	
17 PRIMARY PAYER PAYMENTS	264	
18 TOTAL AMOUNT PAYABLE FOR PROGRAM BENEFICIARIES	5,091,718	
19 DEDUCTIBLES BILLED TO PROGRAM BENEFICIARIES	202,880	
20 COINSURANCE BILLED TO PROGRAM BENEFICIARIES	43,456	
21 REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	90,465	
21.01 ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	63,326	
21.02 REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES		
22 SUBTOTAL	4,908,708	
23 RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION		
24 OTHER ADJUSTMENTS (SPECIFY)		
24.99 OUTLIER RECONCILIATION ADJUSTMENT		
AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS		
RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS		
26 AMOUNT DUE PROVIDER	4,908,708	
27 SEQUESTRATION ADJUSTMENT		
28 INTERIM PAYMENTS	4,890,978	
28.01 TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)		
29 BALANCE DUE PROVIDER (PROGRAM)	17,730	
30 PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2.		
----- FI ONLY -----		
50 OPERATING OUTLIER AMOUNT FROM WKS E, A, L2.01		
51 CAPITAL OUTLIER AMOUNT FROM WKS L, I, L3.01		
52 OPERATING OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
53 CAPITAL OUTLIER RECONCILIATION AMOUNT (SEE INSTRUCTIONS)		
54 THE RATE USED TO CALCULATE THE TIME VALUE OF MONEY		
55 TIME VALUE OF MONEY (SEE INSTRUCTIONS)		
56 CAPITAL TIME VALUE OF MONEY (SEE INSTRUCTIONS)		

## CALCULATION OF REIMBURSEMENT SETTLEMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/19/2008
I	14-0100	I	FROM 7/ 1/2007	I	WORKSHEET E
I	COMPONENT NO:	I	TO 6/30/2008	I	PART B
I	14-0100	I		I	

## PART B - MEDICAL AND OTHER HEALTH SERVICES

## HOSPITAL

1	MEDICAL AND OTHER SERVICES (SEE INSTRUCTIONS)	186
1.01	MEDICAL AND OTHER SERVICES RENDERED ON OR AFTER APRIL 1, 2001 (SEE INSTRUCTIONS).	9,502,284
1.02	PPS PAYMENTS RECEIVED INCLUDING OUTLIERS.	6,537,165
1.03	ENTER THE HOSPITAL SPECIFIC PAYMENT TO COST RATIO.	.758
1.04	LINE 1.01 TIMES LINE 1.03.	7,202,731
1.05	LINE 1.02 DIVIDED BY LINE 1.04.	90.76
1.06	TRANSITIONAL CORRIDOR PAYMENT (SEE INSTRUCTIONS)	
1.07	ENTER THE AMOUNT FROM WORKSHEET D, PART IV, (COLS 9, 9.01, 9.02) LINE 101.	
2	INTERNS AND RESIDENTS	
3	ORGAN ACQUISITIONS	
4	COST OF TEACHING PHYSICIANS	
5	TOTAL COST (SEE INSTRUCTIONS)	186

## COMPUTATION OF LESSER OF COST OR CHARGES

6	REASONABLE CHARGES	
7	ANCILLARY SERVICE CHARGES	760
8	INTERNS AND RESIDENTS SERVICE CHARGES	
9	ORGAN ACQUISITION CHARGES	
10	CHARGES OF PROFESSIONAL SERVICES OF TEACHING PHYSICIANS.	
10	TOTAL REASONABLE CHARGES	760
11	CUSTOMARY CHARGES	
11	AGGREGATE AMOUNT ACTUALLY COLLECTED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS	
12	AMOUNTS THAT WOULD HAVE BEEN REALIZED FROM PATIENTS LIABLE FOR PAYMENT FOR SERVICES ON A CHARGE BASIS HAD SUCH PAYMENT BEEN MADE IN ACCORDANCE WITH 42 CFR 413.13(e).	
13	RATIO OF LINE 11 TO LINE 12	
14	TOTAL CUSTOMARY CHARGES (SEE INSTRUCTIONS)	760
15	EXCESS OF CUSTOMARY CHARGES OVER REASONABLE COST	574
16	EXCESS OF REASONABLE COST OVER CUSTOMARY CHARGES	
17	LESSER OF COST OR CHARGES (FOR CAH SEE INSTRU)	186
17.01	TOTAL PROSPECTIVE PAYMENT (SUM OF LINES 1.02, 1.06 AND 1.07)	6,537,165

## COMPUTATION OF REIMBURSEMENT SETTLEMENT

18	DEDUCTIBLES AND COINSURANCE (SEE INSTRUCTIONS)	
18.01	DEDUCTIBLES AND COINSURANCE RELATING TO AMOUNT ON LINE 17.01 (SEE INSTRUCTIONS)	1,495,970
19	SUBTOTAL (SEE INSTRUCTIONS)	5,041,381
20	SUM OF AMOUNTS FROM WORKSHEET E PARTS C, D & E (SEE INSTR.)	
21	DIRECT GRADUATE MEDICAL EDUCATION PAYMENTS	14,539
22	ESRD DIRECT MEDICAL EDUCATION COSTS	
23	SUBTOTAL	5,055,920
24	PRIMARY PAYER PAYMENTS	2,621
25	SUBTOTAL	5,053,299

## REIMBURSABLE BAD DEBTS (EXCLUDE BAD DEBTS FOR PROFESSIONAL SERVICES)

26	COMPOSITE RATE ESRD	
27	BAD DEBTS (SEE INSTRUCTIONS)	145,321
27.01	ADJUSTED REIMBURSABLE BAD DEBTS (SEE INSTRUCTIONS)	101,725
27.02	REIMBURSABLE BAD DEBTS FOR DUAL ELIGIBLE BENEFICIARIES	
28	SUBTOTAL	5,155,024
29	RECOVERY OF EXCESS DEPRECIATION RESULTING FROM PROVIDER TERMINATION OR A DECREASE IN PROGRAM UTILIZATION.	
30	OTHER ADJUSTMENTS (SPECIFY)	
30.99	OTHER ADJUSTMENTS (MSP-LCC RECONCILIATION AMOUNT)	
31	AMOUNTS APPLICABLE TO PRIOR COST REPORTING PERIODS RESULTING FROM DISPOSITION OF DEPRECIABLE ASSETS.	
32	SUBTOTAL	5,155,024
33	SEQUESTRATION ADJUSTMENT (SEE INSTRUCTIONS)	
34	INTERIM PAYMENTS	5,168,140
34.01	TENTATIVE SETTLEMENT (FOR FISCAL INTERMEDIARY USE ONLY)	
35	BALANCE DUE PROVIDER/PROGRAM	-13,116
36	PROTESTED AMOUNTS (NONALLOWABLE COST REPORT ITEMS) IN ACCORDANCE WITH CMS PUB. 15-II, SECTION 115.2	

TITLE XVIII HOSPITAL

DESCRIPTION	INPATIENT-PART A		P A R T B	
	MM/DD/YYYY	AMOUNT	MM/DD/YYYY	AMOUNT
1 TOTAL INTERIM PAYMENTS PAID TO PROVIDER	1	2	3	4
2 INTERIM PAYMENTS PAYABLE ON INDIVIDUAL BILLS, EITHER SUBMITTED OR TO BE SUBMITTED TO THE INTERMEDIARY, FOR SERVICES RENDERED IN THE COST REPORTING PERIOD. IF NONE, WRITE "NONE" OR ENTER A ZERO.		4,836,573		5,041,195
3 LIST SEPARATELY EACH RETROACTIVE LUMP SUM ADJUSTMENT AMOUNT BASED ON SUBSEQUENT REVISION OF THE INTERIM RATE FOR THE COST REPORTING PERIOD. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)		54,405		126,945
ADJUSTMENTS TO PROVIDER		.01		
ADJUSTMENTS TO PROVIDER		.02		
ADJUSTMENTS TO PROVIDER		.03		
ADJUSTMENTS TO PROVIDER		.04		
ADJUSTMENTS TO PROVIDER		.05		
ADJUSTMENTS TO PROGRAM		.50		
ADJUSTMENTS TO PROGRAM		.51		
ADJUSTMENTS TO PROGRAM		.52		
ADJUSTMENTS TO PROGRAM		.53		
ADJUSTMENTS TO PROGRAM		.54		
SUBTOTAL		.99		
4 TOTAL INTERIM PAYMENTS		NONE		NONE
		4,890,978		5,168,140
TO BE COMPLETED BY INTERMEDIARY				
5 LIST SEPARATELY EACH TENTATIVE SETTLEMENT PAYMENT AFTER DESK REVIEW. ALSO SHOW DATE OF EACH PAYMENT. IF NONE, WRITE "NONE" OR ENTER A ZERO. (1)				
TENTATIVE TO PROVIDER		.01		
TENTATIVE TO PROVIDER		.02		
TENTATIVE TO PROVIDER		.03		
TENTATIVE TO PROGRAM		.50		
TENTATIVE TO PROGRAM		.51		
TENTATIVE TO PROGRAM		.52		
SUBTOTAL		.99		
DETERMINED NET SETTLEMENT		NONE		NONE
AMOUNT (BALANCE DUE)				
BASED ON COST REPORT (1)				
7 TOTAL MEDICARE PROGRAM LIABILITY				
SETTLEMENT TO PROVIDER		.01		
SETTLEMENT TO PROGRAM		.02		

NAME OF INTERMEDIARY:  
INTERMEDIARY NO:

SIGNATURE OF AUTHORIZED PERSON: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

(1) ON LINES 3, 5 AND 6, WHERE AN AMOUNT IS DUE PROVIDER TO PROGRAM, SHOW THE AMOUNT AND DATE ON WHICH THE PROVIDER AGREES TO THE AMOUNT OF REPAYMENT, EVEN THOUGH TOTAL REPAYMENT IS NOT ACCOMPLISHED UNTIL A LATER DATE.

TITLE XVIII

COMPUTATION OF TOTAL DIRECT GME AMOUNT

1	NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE	
1.01	NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)	
2	UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY	
2.01	UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)	
3	AGGREGATE APPROVED AMOUNT	
3.01	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96	
3.02	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)	
3.03	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03	
3.04	FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)	
3.05	UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS	
3.06	ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.	
3.07	WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.08	WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	
3.09	ENTER THE SUM OF LINES 3.07 AND 3.08.	
3.10	SEE INSTRUCTIONS	
3.11	WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.	1.50
3.12	SEE INSTRUCTIONS	1.50
3.13	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)	2.00
3.14	TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)	2.00
3.15	ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS)	RES INIT YEARS 1.83
3.16	ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)	1.83
3.17	ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.	76,808.58
3.18	SEE INSTRUCTIONS	140,560
3.19	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)	
3.20	ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)	
3.21	SEE INSTRUCTIONS	RES INIT YEARS
3.22	SEE INSTRUCTIONS	
3.23	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	76,808.58
3.24	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	
3.25	SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001	140,560

COMPUTATION OF PROGRAM PATIENT LOAD

4	PROGRAM PART A INPATIENT DAYS		2,564
5	TOTAL INPATIENT DAYS		12,137
6	RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS.	LN 6 * LN 3.25 + E-3, 6 L 11	.211255
6.01	TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS	29,694	29,694
6.02	PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)		
6.03	ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE.		12,137
6.04	ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS)		100.00
6.05	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.		
6.06	PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)		
6.07	ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS)	PRIOR TO 422 E-3, 6 LN 12	100.00
6.08	GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD		

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

7	RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
8	RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
9	RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

TITLE XVIII

7 MEDICARE OUTPATIENT ESRD CHARGES  
 1 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12	REASONABLE COST (SEE INSTRUCTIONS)	9,902,324
13	ORGAN ACQUISITION COSTS	
14	COST OF TEACHING PHYSICIANS	
15	PRIMARY PAYER PAYMENTS	264
16	TOTAL PART A REASONABLE COST	9,902,060

PART B REASONABLE COST

17	REASONABLE COST	9,502,470
18	PRIMARY PAYER PAYMENTS	2,621
19	TOTAL PART B REASONABLE COST	9,499,849
20	TOTAL REASONABLE COST	19,401,909
21	RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST	.510365
22	RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST	.489635

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23	TOTAL PROGRAM GME PAYMENT	
23.01	FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97 (SUM OF LINES 6.01, 6.05, & 6.08)	29,694
24	PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY	15,155
25	PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY	14,539

TITLE XIX

COMPUTATION OF TOTAL DIRECT GME AMOUNT

- 1 NUMBER OF FTE RESIDENTS FOR OB/GYN & PRIMARY CARE
- 1.01 NUMBER OF FTE RESIDENTS FOR ALL OTHER (SEE INSTR)
- 2 UPDATED PER RESIDENT AMOUNT FOR OB/GYN & PRIMARY
- 2.01 UPDATED PER RESIDENT AMOUNT ALL OTHER (SEE INSTR)
- 3 AGGREGATE APPROVED AMOUNT
- 3.01 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR COST REPTG PERIODS ENDING ON OR BEFORE 12/31/96
- 3.02 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS WHICH MEET THE CRITERIA FOR AN ADD ON TO THE CAP FOR NEW PROGRAMS IN ACCORDANCE WITH 42 CFR 413.86(g)(6)
- 3.03 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGS FOR AFFILIATED PROGS IN ACCORD W/ 42 CFR 413.86(g)(4). E-3, PT 6 LN 4 + LINE 3.03
- 3.04 FTE ADJUSTMENT CAP (SUM OF LINES 3.01 THRU 3.03)
- 3.05 UNWEIGHTED RESIDENT FTE COUNT FOR ALLOPATHIC & OSTEOPATHIC PROGRAMS FOR THE CURRENT YEAR FROM YOUR RECORDS
- 3.06 ENTER THE LESSER OF LINE 3.04 OR LINE 3.05.
- 3.07 WEIGHTED FTE COUNT FOR PRIMARY CARE PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.08 WEIGHTED FTE COUNT FOR ALL OTHER PHYSICIANS IN AN ALLOPATHIC AND OSTEOPATHIC PROGRAM FOR THE CURRENT YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO AND TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.09 ENTER THE SUM OF LINES 3.07 AND 3.08.
- 3.10 SEE INSTRUCTIONS
- 3.11 WEIGHTED DENTAL & PODIATRIC RESIDENT FTE COUNT FOR CUR YEAR IN COLUMN 1. IF CURRENT YEAR IS ZERO & TEACHING PROGRAM WAS IN EXISTENCE IN PRIOR YEAR ENTER COUNT IN COL. ZERO.
- 3.12 SEE INSTRUCTIONS
- 3.13 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PRIOR COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.14 TOTAL WEIGHTED RESIDENT FTE COUNT FOR NONPRIMARY CARE RESIDENTS FOR THE PENULTIMATE COST REPORTING YEAR (SEE INSTRUCTIONS)
- 3.15 ROLLING AVERAGE FTE COUNT (SEE INSTRUCTIONS) RES INIT YEARS
- 3.16 ENTER THE SUM OF LINE 3.15 PLUS THE WEIGHTED NUMBER OF NONPRIMARY CARE FTE RESIDENTS IN THE INITIAL YEAR OF NEW ALLOPATHIC AND OSTEOPATHIC PROGRAMS. (SEE INSTRUCTIONS)
- 3.17 ENTER THE NONPRIMARY CARE PER RESIDENT AMOUNT.
- 3.18 SEE INSTRUCTIONS
- 3.19 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PRIOR YEAR (SEE INSTRUCTIONS)
- 3.20 ENTER THE WEIGHTED FTE RESIDENT COUNT FOR PRIMARY CARE AND OB/GYN RESIDENTS FOR THE PENULTIMATE YEAR (SEE INSTRUCTIONS)
- 3.21 SEE INSTRUCTIONS RES INIT YEARS
- 3.22 SEE INSTRUCTIONS
- 3.23 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.24 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001
- 3.25 SEE INSTRUCTIONS DEPENDING ON THE COST REPORTING PERIODS BEGINNING PRIOR TO 10/01/2001 OR AFTER 10/01/2001

COMPUTATION OF PROGRAM PATIENT LOAD

- 4 PROGRAM PART A INPATIENT DAYS 169
- 5 TOTAL INPATIENT DAYS 12,137
- 6 RATIO OF PROGRAM INPATIENT DAYS TO TOTAL INPATIENT DAYS. LN 6 \* LN 3.25 + E-3, 6 L 11 .013924
- 6.01 TOTAL GME PAYMENT FOR NON-MANAGED CARE DAYS
- 6.02 PROGRAM MANAGED CARE DAYS OCCURRING ON OR AFTER JANUARY 1 OF THIS COST REPORTING PERIOD (SEE INSTRUCTIONS)
- 6.03 ENTER THE TOTAL INPATIENT DAYS FROM LINE 5 ABOVE. 12,137
- 6.04 ENTER THE APPROPRIATE PERCENTAGE FOR INCLUSION OF THE MANAGED CARE DAYS (SEE INSTRUCTIONS) 100.00
- 6.05 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS ON OR AFTER JAN 1 THROUGH THE END OF THE COST REPORTING PERIOD.
- 6.06 PROGRAM MANAGED CARE DAYS OCCURRING BEFORE JAN 1 OF THIS COST REPORTING YEAR (SEE INSTRUCTIONS)
- 6.07 ENTER THE APPROPRIATE PERCENTAGE USING THE CRITERIA IDENTIFIED ON LINE 6.04 ABOVE. (SEE INSTRUCTIONS) 100.00
- 6.08 GRADUATE MEDICAL EDUCATION PAYMENT FOR MANAGED CARE DAYS PRIOR TO JANUARY 1 OF THIS COST REPORTING PERIOD PRIOR TO 422 E-3,6 LN 12

DIRECT MEDICAL EDUCATION COSTS FOR ESRD COMPOSITE RATE - TITLE XVIII ONLY

- 7 RENAL DIALYSIS DIRECT MEDICAL EDUCATION COSTS
- 8 RENAL DIALYSIS AND HOME DIALYSIS TOTAL CHARGES
- 9 RATIO OF DIRECT MEDICAL EDUCATION COSTS TO TOTAL CHARGES

Health Financial Systems MCRIF32 FOR MIDWESTERN REGIONAL MEDICAL CENTER IN LIEU OF FORM CMS-2552-96-E-3 (05/2008)  
DIRECT GRADUATE MEDICAL EDUCATION (GME) I PROVIDER NO: I PERIOD: I PREPARED 11/19/2008  
& ESRD OUTPATIENT DIRECT MEDICAL I 14-0100 I FROM 7/ 1/2007 I WORKSHEET E-3  
EDUCATION COSTS I I TO 6/30/2008 I PART IV

TITLE XIX

0 MEDICARE OUTPATIENT ESRD CHARGES  
1 MEDICARE OUTPATIENT ESRD DIRECT MEDICAL EDUCATION COSTS

APPORTIONMENT BASED ON MEDICARE REASONABLE COST TITLE XVIII ONLY

PART A REASONABLE COST

12 REASONABLE COST (SEE INSTRUCTIONS)  
13 ORGAN ACQUISITION COSTS  
14 COST OF TEACHING PHYSICIANS  
15 PRIMARY PAYER PAYMENTS  
16 TOTAL PART A REASONABLE COST

PART B REASONABLE COST

17 REASONABLE COST  
18 PRIMARY PAYER PAYMENTS  
19 TOTAL PART B REASONABLE COST  
20 TOTAL REASONABLE COST  
21 RATIO OF PART A REASONABLE COST TO TOTAL REASONABLE COST  
22 RATIO OF PART B REASONABLE COST TO TOTAL REASONABLE COST

ALLOCATION OF MEDICARE DIRECT GME COSTS BETWEEN PART A AND PART B

23 TOTAL PROGRAM GME PAYMENT  
23.01 FOR COST REPORTING PERIODS BEGINNING ON OR AFTER 10/1/97  
(SUM OF LINES 6.01, 6.05, & 6.08)  
24 PART A MEDICARE GME PAYMENT--TITLE XVIII ONLY  
25 PART B MEDICARE GME PAYMENT--TITLE XVIII ONLY

TITLE XVIII

CALCULATION OF REDUCED DIRECT GME CAP UNDER SECTION 422 OF MMA

- 1 RATIO OF DAYS OCCURRING ON OR AFTER 7/1/2005 TO TOTAL DAYS IN THE COST REPORTING PERIOD.
- 2 REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)
- 3 UNADJUSTED DIRECT GME FTE CAP (WKST E-3, PART IV, SUM OF LINES 3.01 AND 3.02)
- 4 PRORATED REDUCED DIRECT GME FTE CAP (SEE INSTRUCTIONS)

COLUMN 1  
1.000000

COLUMN 1.01

CALCULATION OF ADDITIONAL DIRECT GME PAYMENT ATTRIBUTABLE TO SECTION 422 OF MMA

- 5 ADDITIONAL UNWEIGHTED ALLOPATHIC AND OSTEOPATHIC DIRECT GME FTE RESIDENT CAP SLOTS RECEIVED UNDER 42 SEC. 413.79(c)(4)
- 5.01 PRORATED ADDITIONAL UNWEIGHTED DIRECT GME FTE RESIDENT CAP SLOTS (COST REPORTING PERIODS OVERLAPPING 7/1/2005 ONLY)
- 6 GME FTE WEIGHTED RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 7 ALLOWABLE DIRECT GME FTE RESIDENT COUNT (SEE INSTRUCTIONS)
- 8 ENTER THE LOCALITY ADJUSTMENT NATIONAL AVERAGE PER RESIDENT AMOUNT (SEE INSTRUCTIONS)
- 9 MULTIPLY LINE 7 TIMES LINE 8
- 10 MEDICARE PROGRAM PATIENT LOAD FROM WKST E-3, PART IV, LINE 6.
- 11 DIRECT GME PAYMENT FOR NON-MANAGED CARE DAYS (MULTIPLY LN 9 \* LN 10)
- 12 DIRECT GME PAYMENT FOR MANAGED CARE DAYS (MULTIPLY LINE 9 BY WKST E-3, PART IV [(LINE 6.02+6.06)/LINE 5] )

CALCULATION OF REDUCED IME CAP UNDER SECTION 422 OF MMA

- 13 REDUCED IME FTE CAP (SEE INSTRUCTIONS)
- 14 UNADJUSTED IME FTE CAP (WKST E, PART A, SUM OF LINES 3.04 AND 3.05)
- 15 PRORATED REDUCED ALLOWABLE IME FTE CAP

CALCULATION OF ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA

- 16 NUMBER OF ADDITIONAL ALLOPATHIC AND OSTEOPATHIC IME FTE RESIDENT CAP SLOTS UNDER 42 SEC. 412.105(f)(1)(iv)(C).
- 17 IME FTE RESIDENT COUNT OVER CAP (SEE INSTRUCTIONS)
- 18 IF THE AMOUNT ON LINE 17 IS GREATER THAN -0-, THEN ENTER THE LOWER OF LINE 16 OR LINE 17 (SEE INSTRUCTIONS FOR COST REPORTING PERIODS STRADDLING 7/1/2005)
- 19 RESIDENT TO BED COUNT (DIVIDE LINE 18 BY LINE 3 OF WKST E, PART A)
- 20 IME ADJUSTMENT FACTOR (SEE INSTRUCTIONS)
- 21 DRG OTHER THAN OUTLIER PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005.
- ! SIMULATED MEDICARE MANAGED CARE PAYMENTS FOR DISCHARGES ON OR AFTER JULY 1, 2005
- 23 ADDITIONAL IME PAYMENTS ATTRIBUTABLE TO SECTION 422 OF MMA



	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
ASSETS	1	2	3	4
CURRENT ASSETS				
1 CASH ON HAND AND IN BANKS				
2 TEMPORARY INVESTMENTS				
3 NOTES RECEIVABLE				
4 ACCOUNTS RECEIVABLE	37,629,679			
5 OTHER RECEIVABLES	718,270			
6 LESS: ALLOWANCE FOR UNCOLLECTIBLE NOTES & ACCOUNTS RECEIVABLE				
7 INVENTORY	1,886,904			
8 PREPAID EXPENSES	2,644,844			
9 OTHER CURRENT ASSETS				
10 DUE FROM OTHER FUNDS				
11 TOTAL CURRENT ASSETS	42,879,697			
FIXED ASSETS				
12 LAND				
12.01				
13 LAND IMPROVEMENTS				
13.01 LESS ACCUMULATED DEPRECIATION				
14 BUILDINGS				
14.01 LESS ACCUMULATED DEPRECIATION				
15 LEASEHOLD IMPROVEMENTS	67,812,386			
15.01 LESS ACCUMULATED DEPRECIATION	-15,800,950			
16 FIXED EQUIPMENT				
16.01 LESS ACCUMULATED DEPRECIATION				
17 AUTOMOBILES AND TRUCKS				
17.01 LESS ACCUMULATED DEPRECIATION				
18 MAJOR MOVABLE EQUIPMENT				
18.01 LESS ACCUMULATED DEPRECIATION				
19 MINOR EQUIPMENT DEPRECIABLE				
19.01 LESS ACCUMULATED DEPRECIATION				
20 MINOR EQUIPMENT-NONDEPRECIABLE				
21 TOTAL FIXED ASSETS	52,011,436			
OTHER ASSETS				
22 INVESTMENTS	8,408,799			
23 DEPOSITS ON LEASES				
24 DUE FROM OWNERS/OFFICERS	9,799,897			
25 OTHER ASSETS				
26 TOTAL OTHER ASSETS	18,208,696			
TOTAL ASSETS	113,099,829			

	GENERAL FUND	SPECIFIC PURPOSE FUND	ENDOWMENT FUND	PLANT FUND
LIABILITIES AND FUND BALANCE	1	2	3	4
CURRENT LIABILITIES				
28 ACCOUNTS PAYABLE	6,999,057			
29 SALARIES, WAGES & FEES PAYABLE				
30 PAYROLL TAXES PAYABLE				
31 NOTES AND LOANS PAYABLE (SHORT TERM)				
32 DEFERRED INCOME				
33 ACCELERATED PAYMENTS				
34 DUE TO OTHER FUNDS	24,153,785			
35 OTHER CURRENT LIABILITIES	27,486,618			
36 TOTAL CURRENT LIABILITIES	58,639,460			
LONG TERM LIABILITIES				
37 MORTGAGE PAYABLE				
38 NOTES PAYABLE	20,163,885			
39 UNSECURED LOANS				
40.01 LOANS PRIOR TO 7/1/66				
40.02 ON OR AFTER 7/1/66				
41 OTHER LONG TERM LIABILITIES				
42 TOTAL LONG-TERM LIABILITIES	20,163,885			
43 TOTAL LIABILITIES	78,803,345			
CAPITAL ACCOUNTS				
44 GENERAL FUND BALANCE	34,296,484			
45 SPECIFIC PURPOSE FUND				
46 DONOR CREATED- ENDOWMENT FUND BALANCE- RESTRICTED				
47 DONOR CREATED- ENDOWMENT FUND BALANCE- UNRESTRICT				
48 GOVERNING BODY CREATED- ENDOWMENT FUND BALANCE				
49 PLANT FUND BALANCE-INVESTED IN PLANT				
50 PLANT FUND BALANCE- RESERVE FOR PLANT IMPROVEMENT, REPLACEMENT AND EXPANSION				
51 TOTAL FUND BALANCES	34,296,484			
52 TOTAL LIABILITIES AND FUND BALANCES	113,099,829			

	GENERAL FUND	SPECIFIC PURPOSE FUND
	1	2
	3	4
1 FUND BALANCE AT BEGINNING		-6,094,890
2 OF PERIOD		
3 NET INCOME (LOSS)		-164,015,829
4 TOTAL		-170,110,719
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		-170,110,719
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		-170,110,719
PERIOD PER BALANCE SHEET		

	ENDOWMENT FUND	PLANT FUND
	5	6
	7	8
1 FUND BALANCE AT BEGINNING		
2 OF PERIOD		
3 NET INCOME (LOSS)		
4 TOTAL		
5 ADDITIONS (CREDIT ADJUSTMENTS) (SPECIFY)		
6		
7		
8		
9		
10 TOTAL ADDITIONS		
11 SUBTOTAL		
12 DEDUCTIONS (DEBIT ADJUSTMENTS) (SPECIFY)		
13		
14		
15		
16		
17		
18 TOTAL DEDUCTIONS		
19 FUND BALANCE AT END OF		
PERIOD PER BALANCE SHEET		

PART I - PATIENT REVENUES

REVENUE CENTER	INPATIENT 1	OUTPATIENT 2	TOTAL 3
GENERAL INPATIENT ROUTINE CARE SERVICES			
1 00 HOSPITAL	11,995,684		11,995,684
4 00 SWING BED - SNF			
5 00 SWING BED - NF			
9 00 TOTAL GENERAL INPATIENT ROUTINE CARE	11,995,684		11,995,684
INTENSIVE CARE TYPE INPATIENT HOSPITAL SVCS			
10 00 INTENSIVE CARE UNIT	2,978,189		2,978,189
11 00 CORONARY CARE UNIT			
12 00 BURN INTENSIVE CARE UNIT			
13 00 SURGICAL INTENSIVE CARE UNIT			
15 00 TOTAL INTENSIVE CARE TYPE INPAT HOSP	2,978,189		2,978,189
16 00 TOTAL INPATIENT ROUTINE CARE SERVICE	14,973,873		14,973,873
17 00 ANCILLARY SERVICES	68,176,561	130,814,768	198,991,329
18 00 OUTPATIENT SERVICES	1,688,648	4,622,682	6,311,330
24 00			
25 00 TOTAL PATIENT REVENUES	84,839,082	135,437,450	220,276,532

PART II-OPERATING EXPENSES

26 00 OPERATING EXPENSES		278,852,628
ADD (SPECIFY)		
27 00 BAD DEBTS	6,387,951	
28 00		
29 00		
30 00		
31 00		
32 00		
33 00 TOTAL ADDITIONS		6,387,951
DEDUCT (SPECIFY)		
34 00 OTHER INCOME	676,297	
35 00		
36 00		
37 00		
38 00		
39 00 TOTAL DEDUCTIONS		676,297
40 00 TOTAL OPERATING EXPENSES		284,564,282

DESCRIPTION

1	TOTAL PATIENT REVENUES	220,276,532
2	LESS: ALLOWANCES AND DISCOUNTS ON PATIENT'S ACCTS	99,728,079
3	NET PATIENT REVENUES	120,548,453
4	LESS: TOTAL OPERATING EXPENSES	284,564,282
5	NET INCOME FROM SERVICE TO PATIENTS	-164,015,829
	OTHER INCOME	
6	CONTRIBUTIONS, DONATIONS, BEQUESTS, ETC.	
7	INCOME FROM INVESTMENTS	
8	REVENUE FROM TELEPHONE AND TELEGRAPH SERVICE	
9	REVENUE FROM TELEVISION AND RADIO SERVICE	
10	PURCHASE DISCOUNTS	
11	REBATES AND REFUNDS OF EXPENSES	
12	PARKING LOT RECEIPTS	
13	REVENUE FROM LAUNDRY AND LINEN SERVICE	
14	REVENUE FROM MEALS SOLD TO EMPLOYEES AND GUESTS	
15	REVENUE FROM RENTAL OF LIVING QUARTERS	
16	REVENUE FROM SALE OF MEDICAL & SURGICAL SUPPLIES TO OTHER THAN PATIENTS	
17	REVENUE FROM SALE OF DRUGS TO OTHR THAN PATIENTS	
18	REVENUE FROM SALE OF MEDICAL RECORDS & ABSTRACTS	
19	TUITION (FEES, SALE OF TEXTBOOKS, UNIFORMS, ETC)	
20	REVENUE FROM GIFTS, FLOWER, COFFEE SHOP & CANTEEN	
21	RENTAL OF VENDING MACHINES	
22	RENTAL OF HOSPITAL SPACE	
23	GOVERNMENTAL APPROPRIATIONS	
24		
25	TOTAL OTHER INCOME	
26	TOTAL	-164,015,829
	OTHER EXPENSES	
27		
28		
29		
30	TOTAL OTHER EXPENSES	
31	NET INCOME (OR LOSS) FOR THE PERIOD	-164,015,829

## CALCULATION OF CAPITAL PAYMENT

I	PROVIDER NO:	I	PERIOD:	I	PREPARED 11/19/2008
I	14-0100	I	FROM 7/ 1/2007	I	WORKSHEET L
I	COMPONENT NO:	I	TO 6/30/2008	I	PARTS I-IV
I	14-0100	I		I	

TITLE XVIII, PART A

HOSPITAL

FULLY PROSPECTIVE METHOD

I - FULLY PROSPECTIVE METHOD		
CAPITAL HOSPITAL SPECIFIC RATE PAYMENTS		
CAPITAL FEDERAL AMOUNT		
2	CAPITAL DRG OTHER THAN OUTLIER	212,396
3	CAPITAL DRG OUTLIER PAYMENTS PRIOR TO 10/01/1997	
3 .01	CAPITAL DRG OUTLIER PAYMENTS AFTER 10/01/1997	179,687
INDIRECT MEDICAL EDUCATION ADJUSTMENT		
4	TOTAL INPATIENT DAYS DIVIDED BY NUMBER OF DAYS	33.16
IN THE COST REPORTING PERIOD		
4 .01	NUMBER OF INTERNS AND RESIDENTS	1.78
(SEE INSTRUCTIONS)		
4 .02	INDIRECT MEDICAL EDUCATION PERCENTAGE	1.53
4 .03	INDIRECT MEDICAL EDUCATION ADJUSTMENT	3,250
(SEE INSTRUCTIONS)		
5	PERCENTAGE OF SSI RECEIPT PATIENT DAYS TO	.00
MEDICARE PART A PATIENT DAYS		
5 .01	PERCENTAGE OF MEDICAID PATIENT DAYS TO TOTAL	.00
DAYS REPORTED ON S-3, PART I		
5 .02	SUM OF 5 AND 5.01	.00
5 .03	ALLOWABLE DISPROPORTIONATE SHARE PERCENTAGE	.00
5 .04	DISPROPORTIONATE SHARE ADJUSTMENT	
6	TOTAL PROSPECTIVE CAPITAL PAYMENTS	395,333
PART II - HOLD HARMLESS METHOD		
1	NEW CAPITAL	
2	OLD CAPITAL	
3	TOTAL CAPITAL	
4	RATIO OF NEW CAPITAL TO OLD CAPITAL	.000000
5	TOTAL CAPITAL PAYMENTS UNDER 100% FEDERAL RATE	
6	REDUCTION FACTOR FOR HOLD HARMLESS PAYMENT	
7	REDUCED OLD CAPITAL AMOUNT	
8	HOLD HARMLESS PAYMENT FOR NEW CAPITAL	
9	SUBTOTAL	
10	PAYMENT UNDER HOLD HARMLESS	
PART III - PAYMENT UNDER REASONABLE COST		
1	PROGRAM INPATIENT ROUTINE CAPITAL COST	
2	PROGRAM INPATIENT ANCILLARY CAPITAL COST	
3	TOTAL INPATIENT PROGRAM CAPITAL COST	
4	CAPITAL COST PAYMENT FACTOR	
5	TOTAL INPATIENT PROGRAM CAPITAL COST	
PART IV - COMPUTATION OF EXCEPTION PAYMENTS		
PROGRAM INPATIENT CAPITAL COSTS		
PROGRAM INPATIENT CAPITAL COSTS FOR EXTRAORDINARY		
CIRCUMSTANCES		
3	NET PROGRAM INPATIENT CAPITAL COSTS	
4	APPLICABLE EXCEPTION PERCENTAGE	.00
5	CAPITAL COST FOR COMPARISON TO PAYMENTS	
6	PERCENTAGE ADJUSTMENT FOR EXTRAORDINARY	.00
CIRCUMSTANCES		
7	ADJUSTMENT TO CAPITAL MINIMUM PAYMENT LEVEL	
FOR EXTRAORDINARY CIRCUMSTANCES		
8	CAPITAL MINIMUM PAYMENT LEVEL	
9	CURRENT YEAR CAPITAL PAYMENTS	
10	CURRENT YEAR COMPARISON OF CAPITAL MINIMUM PAYMENT	
LEVEL TO CAPITAL PAYMENTS		
11	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
LEVEL OVER CAPITAL PAYMENT		
12	NET COMPARISON OF CAPITAL MINIMUM PAYMENT LEVEL	
TO CAPITAL PAYMENTS		
13	CURRENT YEAR EXCEPTION PAYMENT	
14	CARRYOVER OF ACCUMULATED CAPITAL MINIMUM PAYMENT	
LEVEL OVER CAPITAL PAYMENT FOR FOLLOWING PERIOD		
15	CUR YEAR ALLOWABLE OPERATING AND CAPITAL PAYMENT	
16	CURRENT YEAR OPERATING AND CAPITAL COSTS	
17	CURRENT YEAR EXCEPTION OFFSET AMOUNT	
(SEE INSTRUCTIONS)		